

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755501

1. Entity Name

HIGHLAND LAKES DUPLEX VILL. I HOMEOWNERS' ASSOC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90281 015 ****61.25

Principal Place of Business

Mailing Address

3438 EAST LAKE RD
#22
PALM HARBOR FL 34685
US

3438 EAST LAKE RD
#22
PALM HARBOR FL 34685-2413
US

2. Principal Place of Business

3. Mailing Address

3440 EAST LAKE RD
Suite, Apt. #, etc.

3440 EAST LAKE RD
Suite, Apt. #, etc.
SUITE 106

SUITE 106
City & State

SUITE 106
City & State
PALM HARBOR FL

PALM HARBOR FL

Zip

Country

34685

PINELLAS

Zip

Country

34685

PINELLAS

4. FEI Number

59-2192600

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NOLAN, JAMES M
3438 EAST LAKE RD
#22
PALM HARBOR FL 34685

Name
JAMES M NOLAN

Street Address (P.O. Box Number is Not Acceptable)
3440 EAST LAKE RD
SUITE 106

City
PALM HARBOR FL

FL

Zip Code
34685

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME MYERS, WILLIAM
STREET ADDRESS 3440 MCLAREN DR.
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE PD ☒ Change ☐ Addition
NAME CONNOLLY, PATRICK
STREET ADDRESS 3476 MACLAREN DRIVE
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE D ☐ Delete
NAME FOSTER, PHYLLIS
STREET ADDRESS 3444 MCCLAREN DRIVE
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE VD ☒ Change ☐ Addition
NAME MARTIN, EDWARD
STREET ADDRESS 3449 MACLAREN DRIVE
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE PD ☒ Delete
NAME JABLONSKI, HAROLD
STREET ADDRESS 3482 MACLAREN DR
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE SD ☒ Change ☐ Addition
NAME FOSTER, PHYLLIS
STREET ADDRESS 3444 MACLAREN DRIVE
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE D ☐ Delete
NAME MARTIN, E. W.
STREET ADDRESS 3449 MACLAREN DR
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE D ☐ Change ☒ Addition
NAME HEIMBURGER, WARREN
STREET ADDRESS 3460 MACLAREN DRIVE
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE D ☐ Delete
NAME CONNOLLY, PATRICK
STREET ADDRESS 3476 MACLAREN DR
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE D ☐ Change ☒ Addition
NAME BOUCHARD, JAMES
STREET ADDRESS 3454 MACLAREN DRIVE
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)