

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

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

**DOCUMENT # 755501**

1. Entity Name

**HIGHLAND LAKES DUPLEX VILL. I HOMEOWNERS' ASSOC.**

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**

**3440 EAST LAKE RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 106**

**SUITE 106**

City & State

City & State

**PALM HARBOR FL**

**PALM HARBOR FL**

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 MACLAREN 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 MACLAREN 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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

CR2E037 (9/99)