

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2005 8:00 am**  
**Secretary of State**

02-25-2005 90148 040 \*\*\*\*61.25

**DOCUMENT # 755501**

1. Entity Name

HIGHLAND LAKES DUPLEX VILL. I HOMEOWNERS'  
ASSOC.



Principal Place of Business

4174 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685 US

Mailing Address

4174 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685 US

40043170



01052005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

FIRST CHOICE ASSOC. MANAGEMENT  
4174 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	FOSTER, PHYLLIS
STREET ADDRESS	3444 MCCLAREN DRIVE
CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	PD
NAME	BOUCHARD, JAMES
STREET ADDRESS	3454 MACLAREN DR.
CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	TD
NAME	MEYERS, WILLIAM
STREET ADDRESS	3440 MAC LAREN DR.
CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	VPD
NAME	HEIMBURGER, WARREN GENE McCLELLAND
STREET ADDRESS	3460 MACLAREN DR. 3451
CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	D
NAME	LARGE, WALTER
STREET ADDRESS	3442 MACLAREN DR.
CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_