FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **759128** **(2)**

1. Corporation Name

HIGHGATE B CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1904 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573-4351	1904 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573-4351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/13/1981**
3a. Date of Last Report: **04/25/1994**
4. FEI Number: **59-2251525** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
Suite, Apt. #, etc (22)	Suite, Apt. #, etc (27)	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
Zip (24) / Country (25)	Zip (29) / Country (30)	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GREENE, ROBERT E.
% PROFESSIONAL COMMUNITY SERVICES CORP.
1904 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33573

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): % Florida Lifestyle Management
83:
84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, Typed or Printed Name of Registered Agent and Title, if applicable) (NOTE: Registered Agent signature required where indicated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	V/D	☒ Change ☐ Addition
NAME	THORNTON, R. ALLAN	12 NAME	Payne, Margaret	
STREET ADDRESS	1221 HADDINGTON CIR #70	13 STREET ADDRESS	1205 Haddington Cir	
CITY ST ZIP	SUN CITY CTR, FL 00000	14 CITY ST ZIP	Sun City Center FL	
TITLE	TD	21 TITLE		☐ Change ☐ Addition
NAME	NOWAK, BERNICE	22 NAME		
STREET ADDRESS	1218 HADDINGTON CIR.	23 STREET ADDRESS		
CITY ST ZIP	SUN CITY CENTER FL	24 CITY ST ZIP		
TITLE	DV	31 TITLE	P/D	☒ Change ☐ Addition
NAME	COMELLA, FRAN	32 NAME		
STREET ADDRESS	1216 HADDINGTON CIR.	33 STREET ADDRESS		
CITY ST ZIP	SUN CITY CTR, FL 00000	34 CITY ST ZIP		
TITLE	SD	41 TITLE		☐ Change ☐ Addition
NAME	BRUNNER, PHILLIP	42 NAME		
STREET ADDRESS	1222 HADDINGTON CIR.	43 STREET ADDRESS		
CITY ST ZIP	SUN CITY CENTER FL	44 CITY ST ZIP		
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	ROZEK, LEO	52 NAME	Segond, Victor	
STREET ADDRESS	1220 HADDINGTON CIR.	53 STREET ADDRESS	1212 Haddington Circle	
CITY ST ZIP	SUN CITY CTR FL	54 CITY ST ZIP	Sun City Center FL	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Margaret T. Payne MARGARET PAYNE 4/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

634-375-9
Telephone Number #

0013912