

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90063 013 ****61.25

DOCUMENT # 759128

1. Corporation Name

HIGHGATE 8 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1904 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33573-4351

Mailing Address

1904 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33573-4351

488900 - 90063 - 13



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

07/13/1981

4. FEI Number

59-2251525

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

GREENE, ROBERT E.
FLORIDA LIFESTYLE MANAGEMENT
1904 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33573

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE VD
NAME WISEMAN, DUANNE L
STREET ADDRESS 1208 HADDINGTON CIR
CITY-ST-ZIP SUN CITY CTR, FL 00000

TITLE TD ☐ DELETE

NAME NOWAK, BERNICE
STREET ADDRESS 1218 HADDINGTON CIR.
CITY-ST-ZIP SUN CITY CENTER FL

TITLE SD ☒ DELETE

NAME MAYFIELD, R W B
STREET ADDRESS 1214 HADDINGTON CIR
CITY-ST-ZIP SUN CITY CTR, FL 00000

TITLE PD ☒ DELETE

NAME HADLEY, ROBERT
STREET ADDRESS 1231 HADDINGTON CIR.
CITY-ST-ZIP SUN CITY CENTER FL

TITLE D ☐ DELETE

NAME CHASE, CHARLOTTE M
STREET ADDRESS 1203 HADDINGTON CIR
CITY-ST-ZIP SUN CITY CTR FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

SD
LORRAINE ACKER
1206 HADDINGTON CR
SUN CITY CENTER, FL ☐ Change ☐ Addition

PD
R. WILLIAM MAYFIELD
1214 HADDINGTON CR
SUN CITY CENTER, FL ☒ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

R. William Mayfield

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)