

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

*Pg. 1 of 2*

DOCUMENT # 763933 (9)

1. Corporation Name  
**SCOTTISH HIGHLANDS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: . INC. ONE SCOTTISH HIGHLANDS BLVD. LEESBURG FL 34788  
Mailing Address: . INC. ONE SCOTTISH HIGHLANDS BLVD. LEESBURG FL 34788

3. Date Incorporated or Qualified: 06/28/1982  
3a. Date of Last Report: 02/22/1995  
4. FEI Number: 59-2270472  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24 25  
2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29 30

9. Name and Address of Current Registered Agent  
**BECKER & POLIAKOFF, P.A.  
901 N. LAKE DESTINY DR.  
STE. 145  
MAITLAND FL 32751**

10. Name and Address of New Registered Agent  
81 Name: Paul L. Wean, P.A.  
82 Street Address (P.O. Box Number Not Acceptable): 1305 East Robinson St. Ste C  
83 City: O.  
84 City: Orlando FL 85 Zip Code: 32801

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: Paul L. Wean, P.A. by Paul L. Wean, Pres DATE: 3/29/96  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	HARPER, ROGER	
STREET ADDRESS	1713 ORKNEY DR.	
CITY-ST-ZIP	LEESBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MATCH, THEODORE	
STREET ADDRESS	1026 DUNDEE CIRCLE	
CITY-ST-ZIP	LEESBURG FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PORTER, JOAN	
STREET ADDRESS	1024 DUNEE CIRCLE	
CITY-ST-ZIP	LEESBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BANKS, WILLIAM	
STREET ADDRESS	1315 NOBLE COURT	
CITY-ST-ZIP	LEESBURG FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BIESINGER, FRANK	
STREET ADDRESS	2504 LOCH NESS COURT	
CITY-ST-ZIP	LEESBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCGREGOR, DORIS	
STREET ADDRESS	1426 ORKNEY DRIVE	
CITY-ST-ZIP	LEESBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	DV <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Conrad Collins
2.3 STREET ADDRESS	816 Loch Lomond Crt
2.4 CITY-ST-ZIP	Leesburg, FL 34788
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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: Frank Biesinger, Frank Biesinger, 4-1-96 (352)742-3367  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)

763933

282

Page 2

Scottish Highlands Condominium Association, Inc.  
One Scottish Highlands Blvd.  
Leesburg, FL

FEI Number 59-2270472

Officer & Directors

D  
Marilyn Hartzell  
608 Fannich Court  
Leesburg, FL 34788