

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

**FILED**

**Feb 26 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 763933 (9)**

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



Principal Place of Business <b>ONE SCOTTISH HIGHLANDS BLVD. LEESBURG FL 34789</b>	Mailing Address <b>ONE SCOTTISH HIGHLANDS BLVD. LEESBURG FL 34789</b>
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3. Date Incorporated or Qualified <b>06/28/1982</b>	4. FEI Number <b>59-2270472</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**WEAN, PAUL P.A.  
1305 EAST ROBINSON ST. STE C  
O.  
ORLANDO FL 32801**

**10. Name and Address of New Registered Agent**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HARPER, ROGER	
STREET ADDRESS	1713 ORKNEY DR.	
CITY-ST-ZIP	LEESBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLLINS, CONRAD	
STREET ADDRESS	818 LOCH LOMOND CRT	
CITY-ST-ZIP	LEESBURG FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PORTER, JOAN	
STREET ADDRESS	1024 DUNEE CIRCLE	
CITY-ST-ZIP	LEESBURG FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BANKS, WILLIAM	
STREET ADDRESS	1315 NOBLE COURT	
CITY-ST-ZIP	LEESBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BIESINGER, FRANK	
STREET ADDRESS	2504 LOCH NESS COURT	
CITY-ST-ZIP	LEESBURG FL	
TITLE	TD	<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	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Hartzell, Marilyn	
3.3 STREET ADDRESS	608 Fannich Court	
3.4 CITY-ST-ZIP	Leesburg, FL 34788	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE *Marilyn Hartzell* *3-1-98* *359* *763-3367*

CR2E037 (10/97)

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FEI No. 59-2270472

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Brooke, Gladys

918 Dundee Circle

Leesburg, FL 34788