

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

7/16/2003-90044-005-\$61.25-\$61.25

0010670

DOCUMENT # N02000003431

1. Entity Name

HIGHLAND CENTER PROPERTY OWNER'S ASSOCIATION, IN C.



Principal Place of Business  
1402 ROYAL PALM BEACH BLVD.  
SUITE 300-C  
ROYAL PALM BEACH FL 33411

Mailing Address  
1402 ROYAL PALM BEACH BLVD.  
SUITE 300-C  
ROYAL PALM BEACH FL 33411

1975 SANSBURY'S WAY  
UNIT 114  
W.P.B. FL. 33411

FILED  
CLERK OF CIRCUIT  
CLERK OF CIRCUIT  
03 OCT 29 PM



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

14-1898433

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75\*Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FUCHS, LAWRENCE M  
590 ROYAL PALM BEACH BOULEVARD  
ROYAL PALM BEACH FL 33411

Name

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

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME PD  
STREET ADDRESS MILLER, ROBERT  
CITY-ST-ZIP 4086 BAHIA ISLE CIRCLE  
WELLINGTON FL 33414 ☐ Delete

TITLE  
NAME PD  
STREET ADDRESS MILLER, ROBERT  
CITY-ST-ZIP 11651 MANATEE BAY LN.  
WELLINGTON FL 33467 ☐ Change ☐ Addition

TITLE  
NAME TD  
STREET ADDRESS MILLER, RONALD  
CITY-ST-ZIP 6065 MARELLA COURT  
SARASOTA FL 34243 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME VSD  
STREET ADDRESS MILLER, DUNCAN  
CITY-ST-ZIP 5681 S.W. 2ND COURT  
MARGATE FL 33436 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)