

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1998



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

FILED
Feb 16 1998 8:00am
Secretary of State

DOCUMENT # **N20220** (2)
1. Corporation Name
HIGHLAND FAIRWAYS PROPERTY OWNERS ASSOCIATION, I NC.



Principal Place of Business Mailing Address
**3222 HIGHLAND FAIRWAYS BLVD
LAKELAND FL 33809
US** **3222 HIGHLAND FAIRWAYS BLVD
3222 HIGHLAND FAIRWAYS BLVD
LAKELAND FL 33809
US**

3. Date Incorporated or Qualified
04/20/1987
4. FEI Number **59-2794319** 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**
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 **33810** 25 Country 29 **33810** 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BECKER & POLIAKOFF, P A
5999 CENTRAL AVENUE
SUITE 104
ST PETERSBURG FL 33710**

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

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JARRET, JACK	1.2 NAME	
STREET ADDRESS	3670 WILCAT RUN	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEET, JEROME	2.2 NAME	
STREET ADDRESS	3611 WILDCAT RUN	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLS, WILMA	3.2 NAME	Crossan, Wilma
STREET ADDRESS	3510 SADDLEBROOK WAY	3.3 STREET ADDRESS	3510 Saddlebrook Way
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	Lakeland, FL 33810
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEEL, BILL	4.2 NAME	Ralph Roberge
STREET ADDRESS	3700 WILDCAT RUN	4.3 STREET ADDRESS	3310 Highland Fairways
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	Lakeland, FL 33810
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUNDY, PAT	5.2 NAME	Connie Hopkins
STREET ADDRESS	3284 PEBBLE BEND DRIVE	5.3 STREET ADDRESS	3516 Glen Abbey Lane
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	Lakeland, FL 33810
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, WILLIAM	6.2 NAME	Duane Mann
STREET ADDRESS	2147 GRAND CYPRESS DRIVE	6.3 STREET ADDRESS	3278 Pebble Bend Drive
CITY-ST-ZIP	LAKELAND FL	6.4 CITY-ST-ZIP	Lakeland, FL 33810

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 my address.

SIGNATURE: *Sandra Mortham* *President* **2-9-98** **9411** **859-2212**

CR2E037 (10/97)

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12. OFFICERS AND DIRECTORS

D
Bud Johnson
3439 Highland Fairways Blvd.
Lakeland, FL 33810