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**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N20220

1. Corporation Name

HIGHLAND FAIRWAYS PROPERTY OWNERS ASSOCIATION, I NC.

Principal Place of Business

3222 HIGHLAND FAIRWAYS BLVD  
 LAKELAND FL 33809  
 US

Mailing Address

3222 HIGHLAND FAIRWAYS BLVD  
 3222 HIGHLAND FAIRWAYS BLVD  
 LAKELAND FL 33809  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 33810 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 33810 29 Country 30

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  DELETE  
 NAME JARRET, JACK  
 STREET ADDRESS 3670 WILCAT RUN  
 CITY-ST-ZIP LAKELAND FL

TITLE VD  DELETE  
 NAME LEET, JEROME  
 STREET ADDRESS 3611 WILDCAT RUN  
 CITY-ST-ZIP LAKELAND FL

TITLE SD  DELETE  
 NAME CROSSAN, WILMA  
 STREET ADDRESS 3510 SADDLEBROOK WAY  
 CITY-ST-ZIP LAKELAND FL 33810

TITLE TD  DELETE  
 NAME ROBERGE, RALPH  
 STREET ADDRESS 3310 HIGHLAND FAIRWAYS  
 CITY-ST-ZIP LAKELAND FL 33810

TITLE D  DELETE  
 NAME HOPKINS, CONNIE  
 STREET ADDRESS 3516 GLEN ABBEY LANE  
 CITY-ST-ZIP LAKELAND FL 33810

TITLE D  DELETE  
 NAME MANN, DAUNE  
 STREET ADDRESS 3278 PEBBLE BEND DRIVE  
 CITY-ST-ZIP LAKELAND FL 33810

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  Change  Addition  
 1.2 NAME Kenneth G. Wooden  
 1.3 STREET ADDRESS 2260 Grand Cypress Drive  
 1.4 CITY-ST-ZIP Lakeland, FL 33810

2.1 TITLE VD  Change  Addition  
 2.2 NAME Doris Purdy  
 2.3 STREET ADDRESS 3115 Sand Trap Court  
 2.4 CITY-ST-ZIP Lakeland, FL 33810

3.1 TITLE SD  Change  Addition  
 3.2 NAME Johanne Morrill  
 3.3 STREET ADDRESS 3153 Otter Creek Ct  
 3.4 CITY-ST-ZIP Lakeland, FL 33810

4.1 TITLE TD  Change  Addition  
 4.2 NAME George Buchanan  
 4.3 STREET ADDRESS 1912 Prarie Dunes Circle N.  
 4.4 CITY-ST-ZIP Lakeland, FL 33810

5.1 TITLE D  Change  Addition  
 5.2 NAME Glenn Johnson  
 5.3 STREET ADDRESS 3439 Highland Fairways Blvd  
 5.4 CITY-ST-ZIP Lakeland, FL 33810

6.1 TITLE D  Change  Addition  
 6.2 NAME William Wagner  
 6.3 STREET ADDRESS 2147 Grand Cypress Drive  
 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 an address, with all other like empowered.

SIGNATURE: *Kenneth G. Wooden* R Kenneth G. Wooden 2-1-99 941-859-2289  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)