

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N95000002014 (7)**

1. Corporation Name

HIGHLAND LAKES ESTATES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**1510 N BROADWAY
BARTOW**

**1510 N BROADWAY
BARTOW**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/26/1995

3a. Date of Last Report
04/30/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

33831

USA

4. FEI Number

NOT APPLICABLE

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**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SAUNDERS, THOMAS C
395 S CENTRAL AVE
BARTOW FL**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE
NAME **RITTALL, STEVEN**
STREET ADDRESS **1700 VARNER CT.**
CITY-ST-ZIP **BARTOW FL 33830**

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **GAIL SCHREIBER**
1.3 STREET ADDRESS **1680 VARNER COURT**
1.4 CITY-ST-ZIP **BARTOW, FL 33830**

TITLE **V** ☐ DELETE
NAME **ALBRITTON, DENNIS**
STREET ADDRESS **1730 BOSARGE DR.**
CITY-ST-ZIP **BARTOW FL 33830**

2.1 TITLE **S** ☒ Change ☐ Addition
2.2 NAME **RITTALL, STEVEN**
2.3 STREET ADDRESS **1700 VARNER COURT**
2.4 CITY-ST-ZIP **BARTOW, FL 33830**

TITLE **S** ☒ DELETE
NAME **WADE, DEE**
STREET ADDRESS **1750 COUE CIRCLE**
CITY-ST-ZIP **BARTOW FL 33830**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **HARRISON, GLENN**
3.3 STREET ADDRESS **1660 VARNER COURT**
3.4 CITY-ST-ZIP **BARTOW, FL 33830**

TITLE **T** ☐ DELETE
NAME **CRAIG, NANCEY**
STREET ADDRESS **1770 BOSARGE DR.**
CITY-ST-ZIP **BARTOW FL 33830**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **MURBAN, JOSEPH**
4.3 STREET ADDRESS **2140 HIGHLAND BLVD**
4.4 CITY-ST-ZIP **BARTOW, FL 33830**

TITLE **D** ☒ DELETE
NAME **HENRY, HANK**
STREET ADDRESS **1990 BOANDMAN RD.**
CITY-ST-ZIP **BARTOW FL 33830**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **BRASWELL, J**
5.3 STREET ADDRESS **2200 BARBER DRIVE**
5.4 CITY-ST-ZIP **BARTOW, FL 33830**

TITLE **D** ☒ DELETE
NAME **SCHREIBER, GAIL**
STREET ADDRESS **1680 VARNER CT.**
CITY-ST-ZIP **BARTOW FL 33830**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **STEEPER, MARY SUE**
6.3 STREET ADDRESS **1745 COUE CIRCLE**
6.4 CITY-ST-ZIP **BARTOW, FL 33830**

14. I do 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 REQUIRED

GAIL A. SCHREIBER

CR2E037 (4/97)