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).

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

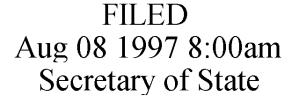
DOCUMENT # N95000002014 (7)

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

 Date Incorporated or Qualified 04/26/1995 3a. Date of Last Report 04/30/1996

2. Principal Place of Business			2a. Mailing Address			4. FEI Number Applied For		
21	26 P.O. Box		265	3	NOT APPLICABLE Not Applicable			
Sulte, Apt. #, etc. Suite		Suite, Apt. #, etc.			5, Certificate of Status Desired Security Fee Required			
City & State	9		& State			6. Election Campaign Financing \$5.00 May Be		
23		28 81	A RTOW L	ŦL.		Trust Fund Contribution Added to Fees		
Zip	Country	Zip_		Coun		8. This corporation owes or has paid the current year Intangible		
24	25	29 33	1831	30	US A	Personal Property Tax due June 30. 🔲 Yes 💹 No		
	9. Name and Address of Curre	ent Registered	Agent			10. Name and Address of New Registered Agent		
	:			6	Name	ne		
SAUNDERS, THOMAS C				E	82 Street Address (P.O. Box Number is Not Acceptable)			
395 S CENTRAL AVE				L				
BARTOW FL				6	3			
					84 City FL 85 Zip Code			
11, Pursuant	to the provisions of Sections 617.05	02 and 617.15	08, Florida Statu	tes, the abo	ve-name	ed corporation submits this statement for the purpose of changing its registered		
agent. La	m familiar with, and accept the oblig	gations of, Sec	tion 617.0503, F	lorida Statu	es.	corporation's board of directors. I hereby accept the appointment as registered		
SIGNATURE								
	Signature, typed or printed name of registered a				gent signatu	ature required when reinstating) DATE		
12.	OFFICERS AI	ND DIRECTOR	S Delete	13.	<u> </u>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition		
TITLE	Protect Office		DELETE	1.1 TITL	_	GAIL SCHREIBER		
NAME	RITTALL, STEVEN			1.2 NAM		LU ON MANOR COURT		
STREET ADDRESS	1700 YARNER CT.				ET ADDRESS			
CITY-ST-ZIP	BARTOW FL 33830		T priere		-ST-ZIP	BARTOW, FL 33830		
TITLE	V DOITHOU DELING		☐ DELETE	2.1 TITL		Change Additio		
NAME	ALBRITTION, DENNIS			2.2 NAM		RITTALL, STEVEN		
STREET ADDRESS	1730 BOSARGE DR.				ET ADDRESS			
CITY-ST-ZIP	BORTOW FL 33830			_	Y-ST-ZIP	BARTOW FL 33830		
TITLE	8		DELETE	3.1 TITU		Change Additio		
NAME	WADE, DEE			3.2 NAM		HARRISON, GLENN		
STREET ADDRESS	1750 COUE CIRCLE			3.3 STR	ET ADDRESS			
CITY-ST-ZIP	BARTOW FL 33830		T last ste		r-st-zip	BARTOW, FL 33P30		
TITLE	ODAIO NIANOEV		DELETE	4.1 TITL		D Change M Additio		
NAME	CRAIG, NANCEY			4. 2 NA		L. LUZALINUS RIVO		
STREET ADDRESS	1770 BOSARGE DR.				ET ADDRESS	SS 2140 HIGHCHAD BOXD		
CITY-ST-ZIP	BARTOW FL 33830		N 05: 575		- ST- ZIP	BARTOW, FL 33830		
TITLE	D		DELETE	5.1 TITL	E	Change 🔀 Additio		
I NAME	LIPAIDS/ LIABIL/					the contract of the contract o		
l I	HENRY, HANK			5.2 NAM	_	BRASWELL, T		
STREET ADDRESS	1990 BOANDMAN RD.			5.3 STR	EET ADDRESS	SS 2200 BARBER DRIVE		
STREET ADDRESS CITY-ST-ZIP	1990 BOANDMAN RD. BARTOW FL 33830		NO proven	5.3 STR 5.4 CITY	EET ADDRESS - ST- ZIP	SS 2200 BARBER ORIVE BARTOW FL 33830		
STREET ADDRESS CITY-ST-ZIP	1990 BOANDMAN RD. BARTOW FL 33830 D		DELETE	5.3 STR 5.4 CITY 6.1 TITL	EET ADDRESS - ST- ZIP E	SS 2200 BARBER ORIVE BARTOW FL 33830 Change Madditio		
STREET ADDRESS CITY-ET-ZIP TITLE NAME	1990 BOANDMAN RD. BARTOW FL 33830 D SCHREIBER, GAIL		DELETE	5.3 STRI 5.4 CITY 6.1 TITL 6.2 NAM	EET ADDRESS '- ST- ZIP E	SS 2200 BARBER ORIVE BARTOW FL 33830 Change MARY SUE		
STREET ADDRESS City-Bt-Zip	1990 BOANDMAN RD. BARTOW FL 33830 D		∑ DELETE	5.3 STRI 5.4 CITY 6.1 TITL 6.2 NAM 6.3 STRI	EET ADDRESS - ST- ZIP E	SS 2200 BARBER ORIVE BARTOW FL 33830 O Change MARY SUE		

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.

CICKIATUDE DECIUDI