SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

Mailing Address

NONPROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

SCHREIBER, GAIL

1680 VARNER CT.



FLORIDA DEPARTMENT OF STATE

**FILED** 

Aug 13 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N95000002014 (7)

## HIGHLAND LAKES ESTATES HOMEOWNERS' ASSOCIATION, INC.

1510 N BROADWAY P O BOX 2653 3. Date Incorporated or Qualified **BARTOW** BARTOW FL 33831 04/26/1995 4. FEI Number Applied For 59-3101191 Not Applicable 2. Principal Place of Business 2a. Malling Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association?

Yes No 23 28 Zip Country Zio Country 8. This corporation owes or has paid the current year Intangible 24 Yes 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SAUNDERS, THOMAS C Street Address (P.O. Box Number Is Not Acceptable) **B2** 395 S CENTRAL AVE BARTOW FL 83 84 City Zip Code 85 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13, TITLE RITTALL, STEVEN 1700 VARNER CT 1.1 TITLE DELETE NAME RITTALL, STEVEN 1.2 NAME STREET ADDRESS 1700 YARNER CT. 1.3 STREET ADDRESS **BARTOW FL** BARTOW, FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE 2.1 TITLE DELETE Change Addition NAME al**b**rittion, dennis 2.2 NAME 1730 BOSARGE DR STREET ADDRESS 2.3 STREET ADDRESS BARTOW FL CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE 3.1 TITLE DELETE Change NAME H**ar**rison, Glenn 3.2 NAME STREET ADDRESS 1660 VARNER CT 3.3 STREET ADDRESS CITY-ST-ZIP BARTOW FL 3.4 CITY-ST-ZIP TITLE 4.1 TITLE DELETE Change Addition NAME CRAIG, NANCEY 42 NAME 1770 BOSARGE DR. STREET ADDRESS 4.3 STREET ADDRESS BARTOW FL 33830 CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5.1 TITLE DELETE TOE HURBAN NAME BRASWELL, J 5.2 NAME 2140 HIGHLAND BIUD. 2200 BARBER DR STREET ADDRESS 5.3 STREET ADDRESS BARTOW FL CITY-ST-ZIP BARTOW, FL 5.4 CITY-ST-ZIP TITLE 6.1 TITLE DELETE Change

**B.2 NAME** 

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(1), 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 it changed on on an attachment with an address.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

CONNIE NETHERCUTT

BARTOW

1630 HIGHLAND BLUD