


FILE NOW: FILING FEE IS \$61.25

FILED

**May 11 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000003583 (0)
1. Corporation Name
HIGHLAND FAIRWAYS GOLF CLUB, INC.



Principal Place of Business 3235 HIGHLAND FAIRWAYS BLVD. LAKELAND FL 33809	Mailing Address 3235 HIGHLAND FAIRWAYS BLVD. LAKELAND FL 33809
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3. Date Incorporated or Qualified
07/28/1995

4. FEI Number
59-3326679

Applied For	
Not Applicable	

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. Country	29. Country
25. 33810	30. 33810

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

9. Name and Address of Current Registered Agent

**STEWART, LAWRENCE C JR.
650 AVE. A, N.W.
WINTER HAVEN FL 33882**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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	DP	1.1 TITLE	DP
NAME	DEUSCH, LAWRENCE E	1.2 NAME	MILLER, JAMES
STREET ADDRESS	3501 HIGHLAND FAIRWAYS BLVD.	1.3 STREET ADDRESS	2039 LONG BOAT DR.
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	LAKELAND, FL 33810
	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	DVP
TITLE	DT	2.2 NAME	ROBERT GRANT
NAME	GLYNN, MARY ANN	2.3 STREET ADDRESS	3209 OTTER CREEK
STREET ADDRESS	3749 WILDCAT RUN	2.4 CITY-ST-ZIP	LAKE LAND, FL 33810
CITY-ST-ZIP	LAKELAND FL		
	<input type="checkbox"/> DELETE	3.1 TITLE	DS
TITLE	DS	3.2 NAME	ROBERT HAYES
NAME	HERING, MARIE	3.3 STREET ADDRESS	3534 SADDLEBROOK WAY
STREET ADDRESS	3575 HIGHLAND FAIRWAYS BLVD.	3.4 CITY-ST-ZIP	LAKELAND, FL 33810
CITY-ST-ZIP	LAKELAND FL		
	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	D
TITLE	DVP	4.2 NAME	JOYCE GUCK
NAME	MILLER, WALTER	4.3 STREET ADDRESS	3432 GLEN ABBEY LANE
STREET ADDRESS	3121 SAND TRAP COURT	4.4 CITY-ST-ZIP	LAKELAND, FL 33810
CITY-ST-ZIP	LAKELAND FL		
	<input type="checkbox"/> DELETE	5.1 TITLE	D
TITLE	D	5.2 NAME	DOLORES THOMAS
NAME	MILLER, JAMES	5.3 STREET ADDRESS	2019 SPYGLASS
STREET ADDRESS	2039 LONG BOAT DR	5.4 CITY-ST-ZIP	LAKELAND, FL 33810
CITY-ST-ZIP	LAKELAND FL		
	<input type="checkbox"/> DELETE	6.1 TITLE	
TITLE	D	6.2 NAME	
NAME	SIMMONS, ROBERTA	6.3 STREET ADDRESS	
STREET ADDRESS	2263 GOLDEN HORSESHOE CIRCLE NORTH	6.4 CITY-ST-ZIP	
CITY-ST-ZIP	LAKELAND FL		
	<input checked="" type="checkbox"/> DELETE		

	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: MARY ANN GLYNN, TREASURER Mary Ann Glynn 4/28/98 941-858-0947

CP2E037 (10/97)