

FILE NOW: FILING FEE IS \$61.25

FILED
May 06 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 # N96000001103 (8)
1. Corporation Name
HIGHLANDS GLEN HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: 200 HIGHLANDS GLEN CIRCLE WINTER SPRINGS FL 32708
Mailing Address: 200 HIGHLANDS GLEN CIRCLE WINTER SPRINGS FL 32708-5701

3. Date Incorporated or Qualified: 02/26/1996
3a. Date of Last Report: [Blank]
4. FEI Number: [Blank] 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: WITTEK, DAVID K. 111 N. ORANGE AVE., STE. 1200 ORLANDO FL 32801
10. Name and Address of New Registered Agent: 81 Name: DAVID MOSHER
82 Street Address (P.O. Box Number is Not Acceptable): 200 HIGHLANDS GLEN CIR
83 City: WINTER SPRINGS
84 City: [Blank] 85 Zip Code: FL 32708

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: David W. Mosher (NOTE: Registered Agent signature required when reinstating) DATE: [Blank]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D LEWIS, JAMES <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VP-D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEWIS, JAMES	1.2 NAME	MARIE Mc CARTHY
STREET ADDRESS	200 HIGHLANDS GLEN CIRCLE	1.3 STREET ADDRESS	206 HIGHLANDS GLEN CIRCLE
CITY-ST-ZIP	WINTER SPRINGS FL 32708	1.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	DP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOSHER, DAVID	2.2 NAME	DAVID MOSHER
STREET ADDRESS	200 HIGHLANDS GLEN CIRCLE	2.3 STREET ADDRESS	200 HIGHLANDS GLEN CIRCLE
CITY-ST-ZIP	WINTER SPRINGS FL 32708	2.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	DV <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIGHTON, WILL	3.2 NAME	WILL KNIGHTON
STREET ADDRESS	200 HIGHLANDS GLEN CIRCLE	3.3 STREET ADDRESS	244 HIGHLANDS GLEN CIRCLE
CITY-ST-ZIP	WINTER SPRINGS FL 32708	3.4 CITY-ST-ZIP	[Blank]
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	[Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSHER, ANDREA	4.2 NAME	[Blank]
STREET ADDRESS	200 HIGHLANDS GLEN CIRCLE	4.3 STREET ADDRESS	[Blank]
CITY-ST-ZIP	WINTER SPRINGS FL 32708	4.4 CITY-ST-ZIP	[Blank]
TITLE	DT <input checked="" type="checkbox"/> DELETE	5.1 TITLE	MDT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABLE, MYRA	5.2 NAME	MYRA ABEL
STREET ADDRESS	200 HIGHLANDS GLEN CIRCLE	5.3 STREET ADDRESS	240 HIGHLANDS GLEN CIRCLE
CITY-ST-ZIP	WINTER SPRINGS FL 32708	5.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	[Blank] <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	[Blank]	6.2 NAME	DOROTHY ANN BERKOWITZ
STREET ADDRESS	[Blank]	6.3 STREET ADDRESS	234 HIGHLANDS GLEN CIRCLE
CITY-ST-ZIP	[Blank]	6.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

CR2E037 (9/96)