

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		02/26/1996			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22		27		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Country		29		30	
24		25		29		30	

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<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			
TITLE	DS	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOSHER, ANDREA			4.2 NAME			
STREET ADDRESS	200 HIGHLANDS GLEN CIRCLE			4.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER SPRINGS FL 32708			4.4 CITY-ST-ZIP			
TITLE	DT	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	DT	<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		<input type="checkbox"/> DELETE		6.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				6.2 NAME	DOROTHY ANN BERKOWITZ		
STREET ADDRESS				6.3 STREET ADDRESS	234 HIGHLANDS GLEN CIRCLE		
CITY-ST-ZIP				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.

*Myra Abel*

CR2E037 (9/96)