

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90003 038 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N96000001103 ✓
 1. Corporation Name
HIGHLANDS GLEN HOMEOWNERS ASSOCIATION, INC.

590882 - 90003 - 38

Principal Place of Business
 234 HIGHLANDS GLEN DR
 WINTER SPRINGS FL 32708
 US

Mailing Address
 234 HIGHLANDS GLEN DR
 WINTER SPRINGS FL 32708
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	206 Highlands Glen Circle Suite, Apt. #, etc.	26	206 Highlands Glen Cir. Suite, Apt. #, etc.	02/26/1996	
22	Winter Springs FL City & State	27	Winter Springs, FL City & State	4. FEI Number	Applied For
23	32708 Zip	28	32708 Zip	59-3446145	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	US	30	US	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
BERKOWITZ, DOROTHY ANN
 234 HIGHLANDS GLEN CIR
 WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent
 81 Name **Lawrence DuBose**
 82 Street Address (P.O. Box Number is Not Acceptable)
206 Highlands Glen Circle
 83
 84 City **Winter Springs, 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 Lawrence A. DuBose 7/10/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD- <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALL, DAVID	1.2 NAME	Lawrence A. DuBose
STREET ADDRESS	236 HIGHLANDS GLEN DR	1.3 STREET ADDRESS	206 Highlands Glen Cir.
CITY-ST-ZIP	WINTER SPRINGS FL	1.4 CITY-ST-ZIP	Winter Springs, FL 32708
TITLE	PD- <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERKOWITZ, ANNE	2.2 NAME	MaryLou Sisson
STREET ADDRESS	234 HIGHLANDS GLEN DR	2.3 STREET ADDRESS	222 Highlands Glen Cir
CITY-ST-ZIP	WINTER SPRINGS FL	2.4 CITY-ST-ZIP	Winter Springs, FL 32708
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTHY, MAIRE	3.2 NAME	Wilmer J. Knighton
STREET ADDRESS	206 HIGHLANDS GLEN DR	3.3 STREET ADDRESS	244 Highlands Glen Cir
CITY-ST-ZIP	WINTER SPRINGS FL	3.4 CITY-ST-ZIP	Winter Springs, FL 32708
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABEL, MYRA	4.2 NAME	William E. Whitehead
STREET ADDRESS	240 HIGHLANDS GLEN DR	4.3 STREET ADDRESS	200 Highlands Glen Cir
CITY-ST-ZIP	WINTER SPRINGS FL 32708	4.4 CITY-ST-ZIP	Winter Springs, FL 32708
TITLE	D- <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, DORIS	5.2 NAME	Glen B. Meteyard
STREET ADDRESS	230 HIGHLANDS GLEN DR	5.3 STREET ADDRESS	202 Highlands Glen Cir.
CITY-ST-ZIP	WINTER SPRINGS FL	5.4 CITY-ST-ZIP	Winter Springs, FL 32708
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Lawrence A. DuBose 7/10/99 Date 407-695-3123 Daytime Phone #

0000910

CRZE037 (5/99)