

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001103

(R)

1. Entity Name

HIGHLANDS GLEN HOMEOWNERS ASSOCIATION, INC.

FILED
Jun 13, 2000 8:00 am
Secretary of State

06-13-2000 90011 039 ****61.25

Principal Place of Business

Mailing Address

206 HIGHLANDS GLEN CIRCLE
 WINTER SPRINGS FL 32708
 US

206 HIGHLANDS GLEN CIRCLE
 WINTER SPRINGS FL 32708-5701
 US

2. Principal Place of Business

222 HIGHLANDS GLEN CIRCLE

3. Mailing Address

222 HIGHLANDS GLEN CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

WINTER SPRINGS, FL 32708

City & State

WINTER SPRINGS, FL

4. FEI Number

59-3446145

Applied For

Not Applicable

Zip

32708

Country

SEMINOLE

Zip

32708

Country

SEMINOLE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUBOSE, LAWRENCE
 206 HIGHLANDS GLEN CIRCLE
 WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent

Name: MARY LOU SISSON
 Street Address (P.O. Box Number is Not Acceptable): 222 HIGHLANDS GLEN CIRCLE
 City: WINTER SPRINGS FL Zip Code: 32708

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: *Mary Lou Sisson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

PVP Director

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DUBOSE, LAWRENCE A	
STREET ADDRESS	206 HIGHLANDS GLEN CIRCLE	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SISSON, MARYLOU	
STREET ADDRESS	222 HIGHLANDS GLEN CIRCLE	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KNIGHTON, WILMER J	
STREET ADDRESS	244 HIGHLANDS GLEN CIR	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITEHEAD, WILLIAM E	
STREET ADDRESS	200 HIGHLANDS GLEN CIR	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input type="checkbox"/> Delete
NAME	METEYARD, GLEN B	
STREET ADDRESS	202 HIGHLANDS GLEN CIR	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DUBOSE, LAWRENCE A	
STREET ADDRESS	206 H.G.C.	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SISSON, MARY LOU	
STREET ADDRESS	222 H.G.C.	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PVPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY LOU SISSON	
STREET ADDRESS	222 HIGHLANDS GLEN CIR	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIGHTON, WILMER J.	
STREET ADDRESS	244 H.G.C.	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITEHEAD, WILLIAM E	
STREET ADDRESS	200 H.G.C.	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	METEYARD, GLEN B	
STREET ADDRESS	202 H.G.C.	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONALD C. SMITH	
STREET ADDRESS	210 H.G.C.	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABEL, MYRA	
STREET ADDRESS	240 H.G.C.	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary Lou Sisson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/8/00

Date

407-695-6426

Daytime Phone #

CR2E037 (9/99)