

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001103

1. Entity Name

(R)

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 206 HIGHLANDS GLEN CIRCLE WINTER SPRINGS FL 32708 US	Mailing Address 206 HIGHLANDS GLEN CIRCLE WINTER SPRINGS FL 32708-5701 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 222 HIGHLANDS GLEN CIRCLE	3. Mailing Address 222 HIGHLANDS GLEN CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State WINTER SPRINGS, FL 32708	City & State WINTER SPRINGS, FL	4. FEI Number 59-3446145	Applied For <input type="checkbox"/> Not Applicable
Zip 32708	Country SEMINOLE	Zip 32708	Country SEMINOLE

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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*

PVP Director

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PVPD NAME: MARY LOU SISSON STREET ADDRESS: 222 HIGHLANDS GLEN CIR CITY-ST-ZIP: WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: KNIGHTON, WILMER J. STREET ADDRESS: 244 H.G.C. CITY-ST-ZIP: WINTER SPRINGS, FL 32708	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: WHITEHEAD, WILLIAM E STREET ADDRESS: 200 H.G.C. CITY-ST-ZIP: WINTER SPRINGS, FL 32708	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: METEYARD, GLEN B STREET ADDRESS: 202 H.G.C. CITY-ST-ZIP: WINTER SPRINGS FL. 32708	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: DONALD C. SMITH STREET ADDRESS: 210 H.G.C. CITY-ST-ZIP: WINTER SPRINGS, FL 32708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: ABEL, MYRA STREET ADDRESS: 240 H.G.C. CITY-ST-ZIP: WINTER SPRINGS, FL. 32708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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)