

**2001 UNIFORM BUSINESS REPORT (UBR)**

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**FILED**  
**May 29, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90092 015 \*\*\*\*61.25

**DOCUMENT # N96000001103**  
 1. Entity Name  
**HIGHLANDS GLEN HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business: **240 Highlands Glen Circle**  
 WINTER SPRINGS FL 32708 US  
 Mailing Address: **240 Highlands Glen Cr.**  
 WINTER SPRINGS FL 32708 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **240 Highlands Gln Cir.**  
 Suite, Apt. #, etc.

3. Mailing Address: **240 Highlands Glen Cr.**  
 Suite, Apt. #, etc.

City & State: **Winter Springs, FL 32708**  
 Zip Country

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4. FEI Number: **59-3446145**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**SISSON, MARY L**  
**222 HIGHLANDS GLEN CIRCLR**  
**WINTER SPRINGS FL 32708**

7. Name and Address of New Registered Agent  
 Name: **Myra Abel**  
 Street Address (P.O. Box Number is Not Acceptable): **240 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: *Myra Abel* DATE: **5/23/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <b>Myra F. Abel</b> NAME: <b>President/Director</b> STREET ADDRESS: <b>240 Highlands Glen Circle</b> CITY-ST-ZIP: <b>Winter Springs, FL 32708</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>NonVoting Director/VP</b> NAME: <b>Kathleen Evans</b> STREET ADDRESS: <b>238 Highlands Glen Circle</b> CITY-ST-ZIP: <b>Winter Springs, FL 32708</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <b>Treasurer/Director</b> NAME: <b>WILMER J. KNIGHTON</b> STREET ADDRESS: <b>244 Highlands Glen Circle</b> CITY-ST-ZIP: <b>Winter Springs, FL 32708</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>Director</b> NAME: <b>Don Smith</b> STREET ADDRESS: <b>210 Highlands Glen Circle</b> CITY-ST-ZIP: <b>Winter Springs, FL 32708</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>Director</b> NAME: <b>Glen B. Meteyard</b> STREET ADDRESS: <b>202 Highlands Glen Circle</b> CITY-ST-ZIP: <b>Winter Springs, FL 32708</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>Director</b> NAME: <b>Wil Doe</b> STREET ADDRESS: <b>234 Highlands Glen Circle</b> CITY-ST-ZIP: <b>Winter Springs, FL 32708</b>	<input checked="" 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 empowerers.  
 SIGNATURE: *Myra F. Abel, President* DATE: **5-25-01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Daytime Phone #: **407-699-1365 (H)**  
**407-647-5002 (W)**

CR2E037 (10/00)