

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90032 039 \*\*\*\*61.25

**NONPROFIT CORPORATION ANNUAL REPORT 1999**

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



**DOCUMENT # N98000001273**

1. Corporation Name  
**HIGHLAND RANCH ESTATES HOMEOWNERS ASSOCIATION, I NC.**

Principal Place of Business  
 8190 STATE ROAD 84  
 DAVIE FL 33324

Mailing Address  
 8190 STATE ROAD 84  
 DAVIE FL 33324

2. Principal Place of Business  
 21. Suite, Apt. #, etc.  
 22. City & State  
 23. Zip Country

2a. Mailing Address  
 26. Suite, Apt. #, etc.  
 27. City & State  
 28. Sunrise, FL  
 29. 33323 Country

3. Date Incorporated or Qualified  
 03/04/1998

4. FEI Number  
 705-0824716 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

8. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  
**KTG&S REGISTERED AGENT CORPORATION**  
 100 S.E. SECOND STREET  
 STE 2800  
 MIAMI FL 33131

10. Name and Address of New Registered Agent

81. Name  
**Susan P. Bakalar, PA**

82. Street Address (P.O. Box Number is Not Acceptable)  
 2240 SW 70 Avenue, Suite D

83. City  
**Davie, FL**

85. Zip Code  
 33317-7112

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: *Susan P. Bakalar* **Susan P. Bakalar, President 4/5/99**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	EISENMAN, TOREY	
STREET ADDRESS	8190 STATE ROAD 84	
CITY-ST-ZIP	DAVIE FL 33324	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WOODREY, SCOTT	
STREET ADDRESS	8190 STATE ROAD 84	
CITY-ST-ZIP	DAVIE FL 33324	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BLAIR, GREGORY	
STREET ADDRESS	8190 STATE ROAD 84	
CITY-ST-ZIP	DAVIE FL 33324	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Garrick Hart	
1.3 STREET ADDRESS	8190 State Road 84	
1.4 CITY-ST-ZIP	Davie, FL 33324	
2.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ann Blackwell	
2.3 STREET ADDRESS	8190 State Road 84	
2.4 CITY-ST-ZIP	Davie, FL 33324	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Susan P. Bakalar* **SIGNATURE REQUIRED** 4/10/99 370 0003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)