

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001273

1. Entity Name

HIGHLAND RANCH ESTATES HOMEOWNERS ASSOCIATION, I

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90023 031 ****61.25

Principal Place of Business

Mailing Address

8190 STATE ROAD 84
 DAVIE FL 33324

8190 STATE ROAD 84
 DAVIE FL 33324-4611

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0824716

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAKALAR, SUSAN P PA
 2240 SW 70 AVE
 SUITE D
 DAVIE FL 33317-7112

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D Delete
 NAME: EISENMAN, TOREY
 STREET ADDRESS: 8190 STATE ROAD 84
 CITY-ST-ZIP: DAVIE FL 33324

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: 8190 State Road 84
 CITY-ST-ZIP: Davie, FL 33324

TITLE: VD Delete
 NAME: HART, CARRICK
 STREET ADDRESS: 8190 STATE ROAD 84
 CITY-ST-ZIP: DAVIE FL 33324

TITLE: VD Change Addition
 NAME: Scott Woodrey
 STREET ADDRESS: 8190 State Road 84
 CITY-ST-ZIP: Davie, FL 33324

TITLE: DTS Delete
 NAME: BLACKWELL, ANN
 STREET ADDRESS: 8190 STATE ROAD 84
 CITY-ST-ZIP: DAVIE FL 33324

TITLE: TSD Change Addition
 NAME: Greg Blair
 STREET ADDRESS: 8190 State Road 84
 CITY-ST-ZIP: Davie, FL 33324

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/2000
 Date

Daytime Phone #

CR2E037 (9/99)