

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001103

Entity Name: HIGHLANDS GLEN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

221 HIGHLANDS GLEN CIR
WINTER SPRINGS, FL 32708

Current Mailing Address:

221 HIGHLANDS GLEN CIR
WINTER SPRINGS, FL 32708 US

FEI Number: 59-3446145

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BANKES, TOM
221 HIGHLANDS GLEN CIR
WINTER SPRINGS, FL 32708 US

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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name PADEL, JAMES
Address 206 HIGHLANDS GLEN CIRCLE
City-State-Zip: WINTER SPRINGS FL 32708

Title SECRETARY, DIRECTOR
Name MEDINA, CECILIA
Address 226 HIGHLANDS GLEN CIRCLE
City-State-Zip: WINTER SPRINGS FL 32708

Title ASST. TREASURER
Name BANKES, TOM
Address 221 HIGHLANDS GLEN CIRCLE
City-State-Zip: WINTER SPRINGS FL 32708

Title TREASURER, DIRECTOR
Name ELLIOT, STEPHANIE
Address 225 HIGHLANDS GLEN CIRCLE
City-State-Zip: WINTER SPRINGS FL 32708

Title DIRECTOR, VP
Name LESLIE, SHELLY
Address 228 HIGHLANDS GLEN CIRCLE
City-State-Zip: WINTER SPRINGS FL 32708

Title DIRECTOR
Name JOHNSON, LAUREN
Address 217 HIGHLANDS GLEN CIRCLE
City-State-Zip: WINTER SPRINGS FL 32708

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TOM BANKES

ASSISTANT TREASURER 04/27/2014

Electronic Signature of Signing Officer/Director Detail

Date