FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 25 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **725926** **(0)**

1. Corporation Name
HIGHLANDS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
675 SHEPARD RD WINTER SPRINGS FL 32708	675 SHEPARD RD WINTER SPRINGS FL 32708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/27/1973
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-1462898 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 193.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MCCULLOH, NEAL
220 N. PALMETTO AVENUE
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	President ☑ Change ☐ Addition
NAME	LAMMERT, MARK	1.2 NAME	LAMMERT MARK
STREET ADDRESS	410 MCGREGOR RD.	1.3 STREET ADDRESS	410 MacGregor Rd.
CITY-ST-ZIP	WINTER SPRINGS FL	1.4 CITY-ST-ZIP	Winter Springs, Fl. 32708
TITLE	PD	2.1 TITLE	Director ☑ Change ☐ Addition
NAME	GLICKMAN, MELVIN	2.2 NAME	Glickman, melvin
STREET ADDRESS	675 SHEPARD ROAD	2.3 STREET ADDRESS	703 Aberdeen ct.
CITY-ST-ZIP	WINTER SPRINGS FL	2.4 CITY-ST-ZIP	Winter Springs, Fl. 32708
TITLE	SD	3.1 TITLE	Secretary ☑ Change ☐ Addition
NAME	TIFFANY, SHIRLEY	3.2 NAME	Sally McGinnis
STREET ADDRESS	675 SHEPARD ROAD	3.3 STREET ADDRESS	510 Club Dr.
CITY-ST-ZIP	WINTER SPRINGS FL	3.4 CITY-ST-ZIP	Winter Springs, Fl. 32708
TITLE	D	4.1 TITLE	Vice Pres. ☑ Change ☐ Addition
NAME	BERMAN, SEYMOUR	4.2 NAME	Margaret Anderson
STREET ADDRESS	675 SHEPARD ROAD	4.3 STREET ADDRESS	620 Night Hawk Cir.
CITY-ST-ZIP	WINTER SPRINGS FL	4.4 CITY-ST-ZIP	Winter Springs, Fl. 32708
TITLE	VPD	5.1 TITLE	Treasurer ☑ Change ☐ Addition
NAME	GAUCHET, RICHARD	5.2 NAME	CARL CHiappone
STREET ADDRESS	675 SHEPARD RD.	5.3 STREET ADDRESS	456 MacGregor Rd.
CITY-ST-ZIP	WINTER SPRINGS FL	5.4 CITY-ST-ZIP	Winter Spr. Fl. 32708
TITLE	D	6.1 TITLE	Director ☑ Change ☐ Addition
NAME	LYZEN, JOSEPH	6.2 NAME	Ann Loewen
STREET ADDRESS	675 SHEPARD ROAD	6.3 STREET ADDRESS	413-1 Sheoak Blvd.
CITY-ST-ZIP	WINTER SPRINGS FL	6.4 CITY-ST-ZIP	Winter Spr. Fl. 32708

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Mark G. Lammert 4/19/95 407-327-0640
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARK G. LAMMERT

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