


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **725926** (0)
1. Corporation Name
HIGHLANDS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 675 SHEPARD RD WINTER SPRINGS FL 32708	Mailing Address 675 SHEPARD RD WINTER SPRINGS FL 32708
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3. Date Incorporated or Qualified 03/27/1973	
4. FEI Number 59-1462898	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCCULLOH, NEAL
220 N. PALMETTO AVENUE
ORLANDO FL 32801**

81 Name Neal McCulloh (Clayton & McCulloh)
82 Street Address (P.O. Box Number is Not Acceptable) 1065 Highland Center Commons Blvd.
83 City Maistland
84 FL 85 Zip Code 32751

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	T LAMMERT, MARK
STREET ADDRESS	410 MCGREGOR RD.
CITY - ST - ZIP	WINTER SPRINGS FL
TITLE	<input type="checkbox"/> DELETE
NAME	VP MCGINNIS, SALLY
STREET ADDRESS	510 CLUB DR
CITY - ST - ZIP	WINTER SPRINGS FL
TITLE	<input type="checkbox"/> DELETE
NAME	D BACCARDI, MIKE
STREET ADDRESS	10-3 MOREE LOOP
CITY - ST - ZIP	WINTER SPRG FL
TITLE	<input type="checkbox"/> DELETE
NAME	D Schwarz
STREET ADDRESS	720 GALLOWAY CT
CITY - ST - ZIP	WINTER SPRINGS FL
TITLE	<input type="checkbox"/> DELETE
NAME	P CHIRKES, MITCH
STREET ADDRESS	428 CLUB DR
CITY - ST - ZIP	WINTER SPRINGS FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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.

SIGNATURE:

Neal McCulloh

4/10/98

327-0640

CP2E037 (1097)