

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90041 037 ****61.25

DOCUMENT # 725926

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/27/1973

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

9. Name and Address of Current Registered Agent

MCCULLOH, NEAL
1085 MAITLAND CENTER COMMONS BLVD
MAITLAND FL 32751

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 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 ☐ DELETE

T
NAME LAMMERT, MARK
STREET ADDRESS 410 MCGREGOR RD.
CITY-ST-ZIP WINTER SPRINGS FL

VP
NAME MCGINNIS, SALLY
STREET ADDRESS 510 CLUB DR
CITY-ST-ZIP WINTER SPRINGS FL

D
NAME BACCARO, MIKE
STREET ADDRESS 10-3 MOREE LOOP
CITY-ST-ZIP WINTER SPRING FL

D
NAME SCHWARZ, HELGA
STREET ADDRESS 720 GALLOWAY CT
CITY-ST-ZIP WINTER SPRINGS FL

P
NAME CHERKES, MITCH
STREET ADDRESS 428 CLUB DR
CITY-ST-ZIP WINTER SPRINGS FL

D
NAME GAIL Cook
STREET ADDRESS 606 Magni Dr.
CITY-ST-ZIP Winter Springs, FL 32708

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE

22 NAME

23 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature Required Board of Directors - Treasurer

Date

Daytime Phone #

4-23-99

407-327-0640

CR2E037 (11/98)