SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 1, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 10 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **731609** **(4)**

1. Corporation Name

HIGHLAND MEADOWS ESTATES ASSOCIATION, INC.
109 N.W. 53 rd COURT POMPANO BEACH, FLORIDA 33064

Principal Place of Business	Mailing Address
109 N.W. 53RD CT. POMPANO BEACH FL 33064	109 N.W. 53RD CT. POMPANO BEACH FL 33064

109 N.W. 53rd COURT

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/13/1975
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-1860949 ☐ 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 **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 109 N.W. 53rd COURT
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 POMPANO BEACH, FLORIDA
Zip 24 / Country 25	Zip 29 33064 / Country 30 BROWARD

9. Name and Address of Current Registered Agent

AQUETTE, MARY
160 NW 53RD ST.
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

31 Name: RON ALD NAVONE PRESIDENT
32 Street Address (P.O. Box Number is Not Acceptable): 124 N.W.53 rd street
33 POMPANO BEACH ,FLORIDA 33064
34 City: FL 35 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 Floyd R. Hoskins (TREASURER) FOR Ronald Navone 6/20/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	☐ Change ☐ Addition
NAME	RENOIT, MARCEL	1.2 NAME	BENOIT , MARCEL (V.P.)
STREET ADDRESS	5334 NW 1ST AVENUE	1.3 STREET ADDRESS	5334 N.W. 1 st AVENUE
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	POMPANO BEACH , FLORIDA 33064
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	NAVONE, ROLAND	2.2 NAME	JORGIA JORDAN (Sec)
STREET ADDRESS	124 NW 53RD STREET	2.3 STREET ADDRESS	5318 N.W.1 st AVENUE
CITY-ST-ZIP	POMPANO BEACH FL	2. 4 CITY-ST-ZIP	POMPANO BEACH, FLORIDA
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BERGERON, CLOVIS	3.2 NAME	FLOYD R. HOSKINS (TREAS)
STREET ADDRESS	120 NW 52ND CT	3.3 STREET ADDRESS	123 N.W. 53rd STREET
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP	POMPANO BEACH, FLORIDA 33064
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	HOSKINS, FLOYD	4. 2 NAME	PIRES MANUEL D
STREET ADDRESS	123 NW 53RD STREET	4.3 STREET ADDRESS	119 N.W.52 nd COURT
CITY-ST-ZIP	POMPANO BEACH FL	4.4 CITY-ST-ZIP	POMPANO BEACH, FLORIDA
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	IRES, MANUEL	5.2 NAME	COVELL DOUGLAS D
STREET ADDRESS	119 NW 52ND COURT	5.3 STREET ADDRESS	165 N.W.51st STREET
CITY-ST-ZIP	POMPANO BEACH FL	5.4 CITY-ST-ZIP	POMPANO BEACH, FLORIDA 33064
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	JORDAN, GEORGIA	6.2 NAME	DAMONE JACK D
STREET ADDRESS	5318 NW 1ST AVENUE	6.3 STREET ADDRESS	5358 N.W. 1st AVENUE
CITY-ST-ZIP	POMPANO BEACH FL	6.4 CITY-ST-ZIP	POMPANO BEACH, FLORIDA 33064

CR2E037 (3/95)

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.

TREASURER
SIGNATURE FLOYD R. HOSKINS Floyd R. Hoskins 6/20/95 305/421-3373
SIGNATURE AND TYPED OR PRINTED NAME OF PRINCIPAL OFFICER OR DIRECTOR Date Daytime Phone Number

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