

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

100001761611  
-03/28/96--01088--032  
\*\*\*61.25

DOCUMENT # 731609 (4)

1. Corporation Name

HIGHLAND MEADOWS ESTATES ASSOCIATION, INC.

Principal Place of Business

109 N.W. 53RD CT.  
POMPANO BEACH FL 33064

Mailing Address

109 N.W. 53RD CT.  
POMPANO BEACH FL 33064

3. Date Incorporated or Qualified  
01/13/1975

3a. Date of Last Report  
07/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NAVONE, EONALD  
124 NW 53RD STREET  
POMPANO BEACH FL 33064

81 Name

Jacques Beauchamp

82 Street Address (P.O. Box Number is Not Acceptable)

130 NW 52ND CT

83

84

City Pompano Beach FL 33064 FL

85 Zip Code

33064

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

Jacques Beauchamp

MARCH 11 - 96

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	RENOIT, MARCEL	
STREET ADDRESS	5334 NW 1ST AVENUE	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	JORDAN, JORGIA	
STREET ADDRESS	5318 NW 1ST AVENUE	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HOSKINS, FLOYD R	
STREET ADDRESS	123 NW 53RD STREET	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MANUEL, PIRES	
STREET ADDRESS	119 NW 52ND COURT	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COVELL, DOUGLAS	
STREET ADDRESS	165 NW 51ST STREET	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DAMONE, JACK	
STREET ADDRESS	5358 NW 1ST AVENUE	
CITY-ST-ZIP	POMPANO BEACH FL	

13.

1.1 TITLE	V + S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JANE WOLFE	
1.3 STREET ADDRESS	132 NW 53RD PL.	
1.4 CITY-ST-ZIP	POMPANO BEACH FL 33064	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROSILLA STRIAT	
2.3 STREET ADDRESS	150 NW 52ND CT	
2.4 CITY-ST-ZIP	POMPANO BEACH FL 33064	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HOSKINS FLOYD R	
3.3 STREET ADDRESS	123 NW 53RD STREET	
3.4 CITY-ST-ZIP	POMPANO BEACH FL 33064	
4.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Jacques Beauchamp	
4.3 STREET ADDRESS	130 NW 52ND CT	
4.4 CITY-ST-ZIP	POMPANO BEACH FL 33064	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JOHN MIELOCH	
5.3 STREET ADDRESS	134 NW 53RD CT	
5.4 CITY-ST-ZIP	POMPANO BEACH FL 33064	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	LOUIS BERGERON	
6.3 STREET ADDRESS	130 NW 52ND CT	
6.4 CITY-ST-ZIP	POMPANO BEACH FL 33064	

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)(k), 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:

Jacques Beauchamp President March 11-96 305 421-7373

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)