


FILE NOW: FILING FEE IS \$61.25

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May 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **731609** (4)  
1. Corporation Name  
**HIGHLAND MEADOWS ESTATES ASSOCIATION, INC.**

Principal Place of Business <b>109 N.W. 53RD CT. POMPANO BEACH FL 33064</b>	Mailing Address <b>109 N.W. 53RD CT. POMPANO BEACH FL 33064</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>01/13/1975</b>	4. FEI Number <b>59-1860949</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	7. Is this nonprofit corporation a homeowners association? <input 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 checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**BEAUCHAMP, JACQUES  
130 N.W. 52ND CT  
POMPANO BEACH FL 33064**

10. Name and Address of New Registered Agent  
81 Name **MIELOCH, JOHN**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**134 N.W. 53rd. CT.**  
83 **Pompano Beach, Fl. 3**  
84 City **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 **John Mieloch** **4/25/98**  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S JONES, NANCY ANN 5142 N.W. 1ST AVE POMPANO BEACH FL</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T STRIGHT, ROSELLA 150 N.W. 52ND CT POMPANO BEACH FL 33064</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D PIRES, MANUEL 119 N.W. 52ND CT POMPANO BEACH FL</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P BEAUCHAMP, JACQUES 130 N.W. 52ND CT POMPANO BEACH FL 33064</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D MIELOCH, JOHN 134 N.W. 53RD CT POMPANO BEACH FL 33064</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>S RENE ST. GERMAIN 5361 N.W. 1ST WAY POMPANO BEACH FL. 33064</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<b>DOUG GOVILL V.P. 165 N.W. 51st st. POMPANO BEACH, FL. 33064</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<b>D DAN NAVARRO 109 N.W. 53rd. Pl. POMPANO BEACH, FL. 33064</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<b>R MIELOCH, JOHN 134 N.W. 53rd CT. POMPANO BEACH FL. 33064</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<b>D JACK DAMONE 5558 N.W. 1st Ave. POMPANO BEACH, FL. 33064</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: **John Mieloch** **John Mieloch** **4/25/98**

CR2E037 (10/97)