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NONPROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
Jan 23, 1999 8:00am
Secretary of State

01-23-1999 90022 012 *****61.25

DOCUMENT # 731609

1. Corporation Name

HIGHLAND MEADOWS ESTATES ASSOCIATION, INC.

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

2. Principal Place of Business 21	**2a.** Mailing Address 26	**3.** Date Incorporated or Qualifed 01/13/1975
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	**4.** FEI Number 59-1860949 / Applied For / Not Applicable
City & State 23	City & State 28	**5.** Certifcate of Status Desired ☐ / **$8.75** Additional Fee Required
Zip 24 / Country 25	Zip 29 / Country 30	**6.** Election Campaign Financing Trust Fund Contribution ☐ / **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MIELOCH, JOHN 134 NW 53RD CT POMPANO BCH FL 33064	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 _John Mieloch Pres._   _John Mieloch President_   01/07/99
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 **S** ☐ DELETE NAME **ST GERMAIN, RENE** STREET ADDRESS **5361 NW 1ST WAY** CITY-ST-ZIP **POMPANO BCH FL 33064**	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **T** ☐ DELETE NAME **STRIGHT, ROSELLA** STREET ADDRESS **150 N.W. 52ND CT** CITY-ST-ZIP **POMPANO BEACH FL 33064**	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **D** ☐ DELETE NAME **PIRES, MANUEL** STREET ADDRESS **119 N.W. 52ND CT** CITY-ST-ZIP **POMPANO BEACH FL**	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **D** ☐ DELETE NAME **NAVARRO, DAN** STREET ADDRESS **109 NW 53RD PLACE** CITY-ST-ZIP **POMPANO BCH FL 33064**	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **P** ☐ DELETE NAME **MIELOCH, JOHN** STREET ADDRESS **134 N.W. 53RD CT** CITY-ST-ZIP **POMPANO BEACH FL 33064**	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **D** ☐ DELETE NAME **DAMONE, JACK** STREET ADDRESS **5358 BW 1ST AVENUE** CITY-ST-ZIP **POMPANO BCH FL 33064**	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED _John Mieloch_ 01/07/99 954 421-7373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E037 (11/98)