
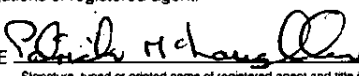
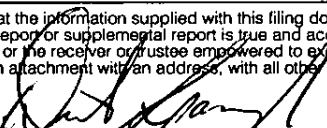


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90098 022 ****61.25

DOCUMENT # 731609 1. Entity Name HIGHLAND MEADOWS ESTATES ASSOCIATION, INC.					
Principal Place of Business 109 N.W. 53RD CT. DEERFIELD BEACH, FL 33064			Mailing Address 109 N.W. 53RD CT. DEERFIELD BEACH, FL 33064		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1860949	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCLAUGHLIN, PATRICK 160 NW 51ST CT. DEERFIELD BEACH, FL 33064			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Patrick McLaughlin, pres.		apr. 4, 2007 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LACKENBACK, CAROL		NAME		
STREET ADDRESS	5310 NW 1ST AVE		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33064		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VANICEK, DICK		NAME	D	
STREET ADDRESS	129 NW 51ST CT		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33064		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPANGLER, DICK		NAME	T	
STREET ADDRESS	139 NW 51ST ST		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33064		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCLAUGHLIN, PATRICK		NAME		
STREET ADDRESS	160 NW 51ST CT		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33064		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FULLER, TOM		NAME		
STREET ADDRESS	5314 NW 1ST AV		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33064		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DAMONE, JACK		NAME	S	
STREET ADDRESS	5358 NW 1ST AV		STREET ADDRESS	Perry-Spangler, Gail	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33064		CITY-ST-ZIP	139 NW 51st Street Deerfield Beach, FL 33064	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Dick Spangler, Treasure		Apr 4, 2007 <small>Date</small>	
				<small>Daytime Phone #</small>	

40000073



04022007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1860949

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCLAUGHLIN, PATRICK
160 NW 51ST CT.
DEERFIELD BEACH, FL 33064

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  Patrick McLaughlin, pres. apr. 4, 2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VPS	<input type="checkbox"/> Delete
NAME	LACKENBACK, CAROL	
STREET ADDRESS	5310 NW 1ST AVE	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33064	
TITLE	T	<input type="checkbox"/> Delete
NAME	VANICEK, DICK	
STREET ADDRESS	129 NW 51ST CT	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33064	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPANGLER, DICK	
STREET ADDRESS	139 NW 51ST ST	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33064	
TITLE	P	<input type="checkbox"/> Delete
NAME	MCLAUGHLIN, PATRICK	
STREET ADDRESS	160 NW 51ST CT	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33064	
TITLE	D	<input type="checkbox"/> Delete
NAME	FULLER, TOM	
STREET ADDRESS	5314 NW 1ST AV	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33064	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAMONE, JACK	
STREET ADDRESS	5358 NW 1ST AV	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33064	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Perry-Spangler, Gail	
STREET ADDRESS	139 NW 51st Street	
CITY-ST-ZIP	Deerfield Beach, FL 33064	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE  Dick Spangler, Treasure Apr 4, 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #