# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

'95 MAR -3 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 737003 (4)

1. Corporation Name

HOMEOWNERS ASSOCIATION OF HIGHLAND LAKES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3300 MACGREGOR DR.<br>PALM HARBOR FL 34684 | 3300 MACGREGOR DR.<br>PALM HARBOR FL 34684 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/08/1976
3a. Date of Last Report: 03/04/1994
4. FEI Number: 59-1726864 ☐ 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 ☐ $69.75 Supplemental Fee Not Required
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 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

9. Name and Address of Current Registered Agent

~~TANKEL, ROBERT L. ESQ.~~
~~1150 CLEVELAND ST. #420~~
~~CLEARWATER FL 34615~~

RABIN, BENNETT L., ESQ.
5999 Central Avenue
Suite 104
St. Petersburg, FL 33710

10. Name and Address of New Registered Agent

81 Name: Bennett L. Rabin Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 5999 Central Avenue Suite 104
83
84 City: St. Petersburg FL 85 Zip Code: 33710

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Bennett L. Rabin 2/23/95
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 | T | 11 TITLE | T | ☒ Change ☐ Addition |
| NAME | BENNETT, MARY J | 12 NAME | Williams, G.E. | |
| STREET ADDRESS | 3300 MACGREGOR DR. | 13 STREET ADDRESS | 3300 Macgregor Dr. | |
| CITY-ST-ZIP | PALM HARBOR FL | 14 CITY-ST-ZIP | Palm Harbor, FL 34684 | |
| TITLE | PD | 21 TITLE | PD | ☒ Change ☐ Addition |
| NAME | WHEAT, ROBERT | 22 NAME | Browne, Jeremiah J. | |
| STREET ADDRESS | 3300 MACGREGOR DR. | 23 STREET ADDRESS | 3300 Macgregor Dr. | |
| CITY-ST-ZIP | PALM HARBOR FL | 24 CITY-ST-ZIP | Palm Harbor, FL 34684 | |
| TITLE | SD | 31 TITLE | SD | ☐ Change ☐ Addition |
| NAME | GOOD, CLARE | 32 NAME | Good, Clare | (same) |
| STREET ADDRESS | 3300 MACGREGOR DR. | 33 STREET ADDRESS | 3300 Macgregor Dr. | |
| CITY-ST-ZIP | PALM HARBOR FL | 34 CITY-ST-ZIP | Palm Harbor, FL 34684 | |
| TITLE | VD | 41 TITLE | VD | ☒ Change ☐ Addition |
| NAME | BROWNE, JEREMIAH | 42 NAME | Hoyt, Stan | |
| STREET ADDRESS | 3300 MACGREGOR DR. | 43 STREET ADDRESS | 3300 Macgregor Dr. | |
| CITY-ST-ZIP | PALM HARBOR FL | 44 CITY-ST-ZIP | Palm Harbor, FL 34684 | |
| TITLE | VD | 51 TITLE | VD | ☒ Change ☐ Addition |
| NAME | GITTLER, MAX | 52 NAME | North, John T. | |
| STREET ADDRESS | 3300 MACGREGOR | 53 STREET ADDRESS | 3300 Macgregor Dr, | |
| CITY-ST-ZIP | PALM HARBOR FL | 54 CITY-ST-ZIP | Palm Harbor, FL 34684 | |
| TITLE | VD | 61 TITLE | VD | ☒ Change ☐ Addition |
| NAME | CARESSI, CHARLES | 62 NAME | Backlund, R.A. | |
| STREET ADDRESS | 3300 MCGREGOR DR | 63 STREET ADDRESS | 3300 Macgregor Drive | |
| CITY-ST-ZIP | PALM HARBOR FL | 64 CITY-ST-ZIP | Palm Harbor, FL 34684 | |

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.

**SIGNATURE:** Clare Good Clare Good Feb. 3, 1995 813-784-1402
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084217