## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

737003

(4)

## HOMEOWNERS ASSOCIATION OF HIGHLAND LAKES, INC.

Principal Place of Business Mailing Address

## FILED May 19 1998 8:00am Secretary of State



3300 MACGREGOR DR. PALM HARBOR FL 34684				3300 MACGREGOR DR. PALM HARBOR FL 34684			3. Date Incorporated or Qualified				
·							10/08/1976 4. FEI Number				
							I		plied For		
2. Principal Pia	non of Busin	000	On Moiling	Addrana			59-1726864		t Applicable		
21	ace or busin		28. Mailing 28	2a, Mailing Address 28			5. Certificate of Status Desired	5. Certificate of Status Desired \$8.75 Additional Fee Required			
Suite, Apt. #, etc.			Suite A	Suite, Apt. #, etc.			6. Election Campaign Financing	6. Election Campaign Financing \$5.00 May Be			
22			27				Trust Fund Contribution	Trust Fund Contribution Added to Fees			
City & State			City & S	City & State			7. Is this nonprofit corporation a homeowner	7. Is this nonprofit corporation a homeowners association?			
23			28				<b>₹</b> ∑¶ Yes	¥¥ Yes □ No			
Zlp	ļ				Countr	Country  8. This corporation owes or has paid the current year Intangible					
24				30							
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent				
					81	Name			1		
Hirsch de Haan, ellen esq					82	Street	Address (P.O. Box Number Is Not Acceptable)		i		
33 NORTH GARDEN AVENUE					L.		·—·········				
STE 980					83	3		***			
CLEARWATER FL 34815					84	l City		les 7in	Code		
					0-	City	FL	_   <b>65</b>   Zip (	2008		
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  Signature, typed or printed name of registered agent and tills ill applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
12.			AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 12		
TITLE	Ť			DELETE	1.1 TITLE		TD	Change	Addition		
NAME	ENGLE.	PAUL H.			1.2 NAME		Serrano, Fred	Α -	l'i		
STREET ADDRESS		CGREGOR DRIVE			1.3 STREE	T ADDRESS	3300 MacGregor Drive				
CITY-ST-ZIP		ARBOR FL	•		1.4 CITY-		· · · · · · · · · · · · · · · · · · ·		[ ]		
TITLE	PD			DELETE	2.1 TITLE	01 211	Palm Harbor, FL 34684	X Change	☐ Addition		
NAME		LANI, GEORGE			2.2 NAME		PD	_ •			
STREET ADDRESS		CGREGOR DRIVE	:		•	T ADDRESS	Manning, Frank				
CITY-ST-ZIP		ARBOR FL	•		2. 4 CITY-		3300 MacGregor Drive				
TITLE	VD	1001116		DELETE	3.1 TITLE	- ST - ZIF	Palm Harbor, FL 34684	Change	Addition		
NAME		, BEVERLY			3.2 NAME		SD	An awards			
STREET ADDRESS		CGREGOR DR.				T ADDRESS	Scenna, Beverly				
	•	ARBOR FL					3300 MacGregor Drive				
CITY-ST-ZIP TITLE	VD VD	WIDON I'L		DELETE	3.4. CITY-	31-ZIP	Palm Harbor, FL 34684	Change	Addition		
NAME		G, FRANK		PEGE 14	4. 2 NAME		VD	-X cuantic	AVOIDIN		
		G, PRANK CGREGOR DR.					Gibson, Ronald				
STREET ADDRESS		ARBOR FL				T ADDRESS	3300 MacGregor Drive				
CITY-ST-ZIP TITLE	VD VD	YNDUR FL		DELETE	4.4 CITY- 5.1 TITLE	51-ZIP	Palm Harbor, FL 34684	X Change	Addition		
		ON COLLEGN	•	occit			VD	FEET CLISSING	M Valuelle		
NAME OTOGET ADDRESS		ON, COLLEEN	•		5.2 NAME						
STREET ADDRESS		CGREGOR DRIVE	į			T ADDRESS	Marshall, Beverly				
CFTY - ST - ZIP		ARBOR FL		- J DD ETF	5.4 CITY-	ST-ZIP	3300 MacGregor Drive	[7]	1 44.00		
TITLE	8D	00000		DELETE	6.1 TITLE		Palm Harbor, FL 34684	Change	☐ Addition		
NAME		, ROBERT			6.2 NAME						
STREET ADDRESS		GREGOR DR			6.3 STREE	t address					
CITY-ST-ZIP	PALM H	ARBOR FL			6.4 CITY	ST-ZIP					

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 chapter 617, or an an attachment with an address.

SIGNATURE. Bully A & Cempa

5/06/98 (813) 784-1408

HZE037 (1097)