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 APR 27 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 753429 (0)

1. Corporation Name
HIGHLAND LAKES COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% INFINITI PROPERTY MANAGEMENT INC 1301 SEMINOLE BLVD., STE. 110 LARGO FL 34640 US	% INFINITI PROPERTY MANAGEMENT INC 1301 SEMINOLE BLVD., STE. 110 LARGO FL 34640 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/22/1980
3a. Date of Last Report: 04/11/1994
4. FEI Number: 59-2066446 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

INFINITI PROPERTY MANAGEMENT INC
1301 SEMINOLE BLVD.
SUITE 110
LARGO FL 34640

10. Name and Address of New Registered Agent

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	11 TITLE	S/D	☒ Change ☐ Addition
NAME	MACDONALD, TERRY	12 NAME		
STREET ADDRESS	2714-B SHERBROOKE LANE	13 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	ROBB, MARIE	22 NAME	GIBSON, RONALD	
STREET ADDRESS	1223-A QUEEN ANNE DR.	23 STREET ADDRESS	1608-B WHITEBRIDGE DRIVE	
CITY-ST-ZIP	PALM HARBOR FL	24 CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE	SD	31 TITLE	D	☒ Change ☐ Addition
NAME	SCHATTE, DOROTHY	32 NAME		
STREET ADDRESS	2720-B WHITEBRIDGE DR.	33 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	V/D	☒ Change ☐ Addition
NAME	GROCHAN, RICHARD	42 NAME		
STREET ADDRESS	2828-A SHERBROOKE LANE	43 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL	44 CITY-ST-ZIP		
TITLE	TD	51 TITLE	T/D	☒ Change ☐ Addition
NAME	LEMMON, FRANK	52 NAME	PRUIM, JEANNE	
STREET ADDRESS	1606-A BERWICK CT.	53 STREET ADDRESS	1339-C QUEEN ANNE DRIVE	
CITY-ST-ZIP	PALM HARBOR FL	54 CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE	P	61 TITLE	P/D	☒ Change ☐ Addition
NAME	EAKLEY, BILL	62 NAME	HARRISON, FRANK	
STREET ADDRESS	2614-B HIGHLANDS BLVD.	63 STREET ADDRESS	1107-B QUEEN ANNE 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: Frank Harrison Frank Harrison 4-7-95 (813)585-3491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010004