FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

(0)

HIGHL	LAND LAK	ES COMMUNITY A	I IAGNI IAGGE BURN INN BU	A18 (1818 19	in Albin Bian						
Original Play	1 Busines		Finalities - Finalities -								
Principal Place of Business			•	Mailing Address							
1901 SEMINOI STE 172	LE BL VD		1301 SEMINOLE BLYD STE 172			3. Date Incorporated or Qua	alified				
LARGO FL 34640			LARGO FL 34640	¥1-11-			07/22/1980				
US			U\$				4. FEI Number				Applied For
2. Principal Place of Business			2a. Malling Address	2a. Malling Address			59-2066446				Not Applicable
21			26	⊢ •			5. Certificate of Status Desi	red			Additional Regulred
Sulte, Apt. #, etc.			Suite, Apt. #, etc.				6. Election Campaign Finan	cing			May Be
22			27			Trust Fund Contribution				to Fees	
City & Stat	te		City & State				7. Is this nonprofit corporation a homeowners association?				
23 Zip	₁	Country	Zip Country				Yes No				
24	25		29 30				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
		and Address of Current		egistered Agent			10. Name and Address of New Registered Agent				
					B1	Name					
STERLI	ng M GMT		82 Street Addre			ss (P.O. Box Number is Not Ac	nentable	e)	· · · · · · · · · · · · · · · · · · ·		
1301 SEMINOLE BLVD.							77 (1) 4) 4) 4) 1 (
STE 17				ª	33						
LARGO FL 33770				8	34	City		····	FL	85 Zip	o Code
11. Pursuant	to the provisi	ons of Sections 617.0502	2 and 617.1508, Florida Stati	ration submits this statement fr	or the pu		L. L. changing	its registered			
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
12.	pickerne cheer	OFFICERS AND		13.	10er	it signature required	ADDITIONS/CHANGES TO	OFFICE		DIRECTO	DRS IN 12
TITLE	VD		☐ DELETE	1.1 TITLE	 E	T				Change	
NAME	MACDONALD, TERRY			1.2 NAM	¶E.	M	ACDONALD, TER	RY			
STREET ADDRESS	DRESS 2714-B SHERBROOKE LAN		1.3 ST		EET /	address 2	714-B SHERBRO	OKE			
CITY-ST-ZIP		ARBOR FL		1.4 CITY	′- ST	r-ZIP $f P$	ALM HARBOR, F	LA.	3468		
TITLE	PD		DELETE	2.1 TITLE		P	=		L	Change	Addition
NAME	LEMMON, EMILY		2.2 NA				L FORBES				
STREET ADDRESS		ERWICK CT					614-B BERWICK				
CITY-ST-ZIP TITLE	SD PALM H	ARBOR FL	DELETÉ	2. 4 CITY 3.1 TITLE		r-zip P	ALM HARBOR, F	LA.	3468	Change	Addition
NAME	1 77	E, DOROTHY		3.1 THE					_	Urkenge	Admiton
STREET ADDRESS					3.3 STREET ADDRESS						
CITY-ST-ZIP		ARBOR FL		3.4. CITY		•					
TITLE	D		DELETE	4.1 TITLE		D				Change	Addition
NAME		KATHLEEN		4. 2 NAM	Æ	J	OSEPH FAILLA				
STREET ADDRESS	1115-B (QUEEN ANNE DR		4.3 STRE	4 T3:	ADDRESS 1	227-D QUEEN A	NNE			
CITY-\$1-ZIP		ARBOR FL		4.4 CITY	- 57	-ZIP P.	ALM HARBOR, F	LA,	3468		<u></u> .
TITLE	TD.		X D€LETE	5.1 TITLE		V:	=		Ĺ.	Change	Addition
NAME	PRUIM,			5.2 NAME			OBERT VAUGHAN				
STREET ADDRESS		QUEEN ANNE DRIVE		5.3 STREE		_	730-B WHITEBR			ā,	
CITY-ST-ZIP TITLE	FALM IV	ARBOR FL	DELETE	5.4 CITY- 6.1 TITLE				LA.	#\$¢*¦	S Change	Addition
NAME	MONERA	IEY, LARRY	EM DECEME	6.2 NAME		D			_	Criango	Manual Manual
STREET ADDRESS		/AITEBRIDGE DR		6.3 STREE			IM GEROW				
A(T) / AT TID	DALLS LA	ADDAD EI					815-D SHERBRO				
14. I hereby o	certify that the	Information supplied with	n this filing does not qualify f	for the exem	nptio	ion stated in Se	ALM 19.67(B) Piblida Stat	utes. I fu	igya gay i	ify that th	e 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, of on, an attachment with an address.											

1-11-90

FILED Feb 05 1998 8:00am Secretary of State