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02-27-1999 90063 041 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **753429**

1. Corporation Name
HIGHLAND LAKES COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1301 SEMINOLE BLVD STE 172 LARGO FL ~~34640~~ 33770 US	1301 SEMINOLE BLVD STE 172 LARGO FL ~~34640~~ 33770 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 07/22/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2066446 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

STERLING MGMT
1301 SEMINOLE BLVD.
STE 172
LARGO FL 33770

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 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 _____ 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	TD	☐ DELETE	1.1 TITLE	D	☑ Change ☐ Addition
NAME	MACDONALD, TERRY		1.2 NAME	MACDONALD, TERRY	
STREET ADDRESS	2714-B SHERBROOKE LANE		1.3 STREET ADDRESS	2714-B SHERBROOKE LANE	
CITY-ST-ZIP	PALM HARBOR FL 34684		1.4 CITY-ST-ZIP	PALM HARBOR, FL. 34684	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FORBES, AL		2.2 NAME		
STREET ADDRESS	1614 B BERWICK CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34684		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE	STD	☑ Change ☐ Addition
NAME	SCHATTE, DOROTHY		3.2 NAME	SCHATTE, DOROTHY	
STREET ADDRESS	2720-B WHITEBRIDGE DR.		3.3 STREET ADDRESS	2720-B WHITEBRIDGE DR	
CITY-ST-ZIP	PALM HARBOR FL		3.4 CITY-ST-ZIP	PALM HARBOR, FL. 34684	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FAILLA, JOSEPH		4.2 NAME		
STREET ADDRESS	1227-D QUEEN ANNE		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34684		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	VAUGHAN, ROBERT		5.2 NAME		
STREET ADDRESS	2730-B WHITEBRIDGE DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GEROW, JIM		6.2 NAME		
STREET ADDRESS	2815-D SHERBROOKE LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34684		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: /s/ SIGNATURE REQUIRED (727-559-0400)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #