

2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 17, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90018 029 \*\*\*\*61.25

**DOCUMENT # N03000010047**

1. Entity Name  
HIGHCROFT POINTE TOWNHOME OWNERS  
ASSOCIATION, INC.



Principal Place of Business  
407 WEKIVA SPRINGS ROAD  
SUITE 205  
LONDWOOD, FL 32779

Mailing Address  
C/O REGENCY PROFESSIONAL MANAGEMENT, INC.  
407 WEKIVA SPRINGS ROAD, SUITE 205  
LONGWOOD, FL 32779

10010101



01282005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
20-0448879

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

REGENCY PROFESSIONAL MANAGEMENT, INC.  
407 WEKIVA SPRINGS ROAD  
SUITE 205  
LONGWOOD, FL 32779

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
SHEELER, LAWRENCE M  
385 DOUGLAS AVE STE 2000  
ALTAMONTE SPRINGS, FL 32714

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DV  
LUNDEQUAM, BRETT  
385 DOUGLAS AVE STE 2000  
ALTAMONTE SPRINGS, FL 32714

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DST  
RIGGS, DEBRA T  
385 DOUGLAS AVE STE 2000  
ALTAMONTE SPRINGS, FL 32714

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Lawrence M. Sheeler* 2/1/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-838-4633