2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State
01-24-2000 90057 002 ****70.00

DOCUMENT # N09815

1. Entity Name

WILLISTON HIGHLANDS HOME OWNERS ASSOCIATION, INC

Principal Place of Business	Mailing Address
15116 N.E. THIRD PLACE WILLISTON FL 32696	15116 N.E. THIRD PLACE WILLISTON FL 32696-8940

706299

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2881472 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEHMAN, PHYLLIS M 15116 N.E. THIRD PLACE WILLISTON FL 32696	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LEHMAN, WARREN P	NAME	
STREET ADDRESS	15116 N.E. THIRD PLACE	STREET ADDRESS	
CITY-ST-ZIP	WILLISTON FL 32696	CITY-ST-ZIP	
TITLE	STD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LEHMAN, PHYLLIS M	NAME	
STREET ADDRESS	15116 N.E. THIRD PLACE	STREET ADDRESS	
CITY-ST-ZIP	WILLISTON FL 32696	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FRENCH, ROYAL	NAME	
STREET ADDRESS	280 COUNTRY CLUB DRIVE	STREET ADDRESS	
CITY-ST-ZIP	WILLISTON FL 32696	CITY-ST-ZIP	
TITLE	VPD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ROBBINS, MARY	NAME	
STREET ADDRESS	196 E. COUNTRY CLUB DRIVE	STREET ADDRESS	
CITY-ST-ZIP	WILLISTON FL 32696	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LINTJER, DONALD	NAME	
STREET ADDRESS	560 E. COUNTRY CLUB DRIVE	STREET ADDRESS	
CITY-ST-ZIP	WILLISTON FL 32696	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037 (9/99)

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.

PHYLLIS M. LEHMAN

SIGNATURE: SIGNATURE REQUIRED Phyllis M Lehman 1/19/00 352-528-3384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #