

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90083 008 ****61.25

DOCUMENT # N09815
 1. Entity Name
WILLISTON HIGHLANDS HOME OWNERS ASSOCIATION, INC.



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

1400Y440



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address
 15232 S. Country Club Dr 15232 S. Country Club Dr
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Williston, FL Williston, FL
 Zip Country Zip Country
 32696 Levy 32696 Levy

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
LEHMAN, PHYLLIS M
 15116 N.E. THIRD PLACE
 WILLISTON FL 32696

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.
 Signature: *Neil Holder* **Neil Holder, Secretary** Date: **April 26, 2004**

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: LEHMAN, WARREN P STREET ADDRESS: 15116 N.E. THIRD PLACE CITY-ST-ZIP: WILLISTON FL 32696	<input type="checkbox"/> Delete
TITLE: STD NAME: LEHMAN, PHYLLIS M STREET ADDRESS: 15116 N.E. THIRD PLACE CITY-ST-ZIP: WILLISTON FL 32696	<input type="checkbox"/> Delete
TITLE: D NAME: MCGUIRE, KENNETH STREET ADDRESS: 1064 NE 155TH COURT CITY-ST-ZIP: WILLISTON FL 32696	<input type="checkbox"/> Delete
TITLE: VPD NAME: BARBER, WM ROSCOE STREET ADDRESS: 1194 NE 155TH COURT CITY-ST-ZIP: WILLISTON FL 32696	<input type="checkbox"/> Delete
TITLE: D NAME: LINTJER, DONALD STREET ADDRESS: 560 E. COUNTRY CLUB DRIVE CITY-ST-ZIP: WILLISTON FL 32696	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: Shorkey, Glenda F. STREET ADDRESS: 15232 S. Country Club Dr CITY-ST-ZIP: Williston, FL 32696	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: STD NAME: Neil Holder STREET ADDRESS: 1221 NE 152nd Court CITY-ST-ZIP: Williston, FL 32696	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: Norman Kreuter STREET ADDRESS: 667 NE 151st Terrace CITY-ST-ZIP: Williston, FL 32696	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: STD NAME: Greg Brochetti STREET ADDRESS: 1096 NE 155th Court CITY-ST-ZIP: Williston, FL 32696	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: Barber, WM Roscoe STREET ADDRESS: 1194 NE 155th Court CITY-ST-ZIP: Williston, FL 32696	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Glenda F. Shorkey* **Glenda F. Shorkey** Date: **April 24, 2004** 352 528-3172
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #