

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90415 042 ****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

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**



CHECK HERE IF MAKING CHANGES

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

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Phyllis M Lehman* **1/9/03** **352-528-3384**

CR2E037 (10/02)