

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Apr 06, 1999 8:00 am**  
**Secretary of State**

04-06-1999 90064 029 \*\*\*\*61.25

**DOCUMENT # N10784**

1. Corporation Name

**HIGHLAND VILLAGE RESIDENTS COMMITTEE INC.**

Principal Place of Business

13730 HIGHLAND DR  
2260 N.E. 136TH ST.  
N. MIAMI BEACH FL 33181  
US

Mailing Address

13730 HIGHLAND DR  
2260 N.E. 136TH ST.  
N. MIAMI BEACH FL 33181  
US



2. Principal Place of Business

21 **Rolland VEILLEUX**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 **13730 Highland Dr.**

27 City & State

23 **North Miami Beach**

28 Zip

24 **33181** 25 **Florida.**

29 Zip Country

30

3. Date Incorporated or Qualified

**08/05/1985**

4. FEI Number

**59-2680097**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

9. Name and Address of Current Registered Agent

**VEILLEUX, ROLLAND**  
**13730 HIGHLAND DRIVE**  
**NORTH MIAMI BEACH FL 33181**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **VEILLEUX, ROLLAND**  
STREET ADDRESS **13730 HIGHLAND DR.**  
CITY-ST-ZIP **N. MIAMI BEACH FL**

TITLE **VPT** ☐ DELETE  
NAME **ROY, JACQUES**  
STREET ADDRESS **2341 NE 136TH LANE**  
CITY-ST-ZIP **N. MIAMI BEACH FL**

TITLE **ST** ☐ DELETE  
NAME **LAPRADE, MARCEL**  
STREET ADDRESS **2310 NE 135TH TER**  
CITY-ST-ZIP **N MIAMI BEHAC FL**

TITLE **T** ☐ DELETE  
NAME **BERGERON, ANDRE**  
STREET ADDRESS **2394 NE 136TH LANE**  
CITY-ST-ZIP **N. MIAMI BEACH FL**

TITLE **D** ☐ DELETE  
NAME **BOUCHARD, ROMUALD**  
STREET ADDRESS **2399 NE 137TH STREET**  
CITY-ST-ZIP **N MIAMI BEACH FL 33181**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/30/99 305-945-6870  
Date Daytime Phone #

CR2F037-11198