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1997 JUN 16 PM 3: 52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N31617  
1. Corporation Name

SIDNEY HIGHLANDS HOMEOWNERS  
ASSOCIATION, INC.

Principal Place of Business C/O CHARLES M. BROWN 14719 SYDNEY ROAD SYDNEY, FL. 33587 (P.O. BOX 114)	Mailing Address C/O CHARLES M. BROWN 14719 SYDNEY ROAD SYDNEY, FL. 33587 (P.O. BOX 114)
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 P.O. Box 114 27 Suite, Apt. #, etc. 28 Sydney, FL 29 33587-0114 30 Country
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3. Date Incorporated or Qualified 04/10/1989	3a. Date of Last Report 05/15/96
4. FEI Number 59-3014521	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CHARLES M. BROWN 14719 SYDNEY ROAD (P.O. BOX 114) SYDNEY, FL. 33587-0114	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PRESIDENT/D <input type="checkbox"/> DELETE
NAME	BROWN, CHARLES M.
STREET ADDRESS	14719 SYDNEY RD.
CITY-ST-ZIP	SYDNEY, FL 33587
TITLE	VICE - PRESIDENT/D <input type="checkbox"/> DELETE
NAME	MCLEOD, ROBERT A.
STREET ADDRESS	1433 SYDNEY, FL. 33587
CITY-ST-ZIP	
TITLE	SECRETARY/D <input type="checkbox"/> DELETE
NAME	BROWN, NANCY J.
STREET ADDRESS	14719 SYDNEY ROAD
CITY-ST-ZIP	SYDNEY, FL. 33587
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not constitute a representation of any kind. 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.

SIGNATURE: CHARLES M. BROWN PRES *[Signature]* Date: 4/11/97 Daytime Phone: 654-1422

CR2E037 (12/95)