

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N33405** (4)
1. Corporation Name

HIGHLAND OAKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

CRUM, GREGORY
5843 HOLLYHOCK DRIVE
LAKELAND FL 33813
US

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5843 HOLLYHOCK DRIVE
LAKELAND FL 33813
US

3. Date Incorporated or Qualified
07/24/1989

3a. Date of Last Report
03/31/1995

4. FEI Number
59-2961495

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRUM, GREGORY
5843 HOLLYHOCK DRIVE
LAKELAND FL 33813

81 Name **Jeffrey G. Chamberlain**
82 Street Address (P.O. Box Number is Not Acceptable)
5268 Hollyhock Dr.
83 **Lakeland**
84 City **FL** 85 Zip Code **33813**

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]

JEFFREY G. Chamberlain

3-15-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **VARNAOUE, JANICE**
CITY-ST-ZIP **5867 HOLLYHOCK DRIVE**
LAKELAND FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **STUART, JANET**
CITY-ST-ZIP **5818 HOLLYHOCK DRIVE**
LAKELAND FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☒ DELETE
NAME **TD**
STREET ADDRESS **CRUM, GREGORY R**
CITY-ST-ZIP **5843 HOLLYHOCK DRIVE**
LAKELAND FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **JEFFREY G. Chamberlain**
3.3 STREET ADDRESS **5268 Hollyhock Dr.**
3.4 CITY-ST-ZIP **Lakeland FL 33813**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY G. Chamberlain

Date

2-27-96

Daytime Phone #

941-294-5323

SG 325-96

CR2E037 (12/95)