FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUI 1. Corporation	MENT # N3493	6 (7)			
HIGH OAK ACRES PROPERTY OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address					
P.O. BOX 361 HOMANSARSA !	SPRINGS FL 34447	P.O. BOX 361 HOMOSASSA SPRINGS FL 34447		10/27/1989	
US	DE 111100 12 01111	US	L VIIII	4. FEI Number Applied For	
A Discoula	loos d D viscos	On Mallian Address		59-2976967 Not Applicable	
21 Principal P	ace of Business	2a. Mailing Address		5. Certificate of Status Desired	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be	
22		27		Trust Fund Contribution	
City & State	0	City & State		7. Is this nonprofit corporation a homeowners association?	
23 Zip	Country	28 Zip	Country	8. This corporation owes or has paid the current year Intangible	
24	25	29	30	Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curren	11	14-1	10. Name and Address of New Registered Agent	
			81 Name		
HAROLD STEPHENS			82 Street	Address (P.O. Box Number is Not Acceptable)	
	825 N CITRUS AVE				
CRYSTA	CRYSTAL RIVER FL 32629				
			84 City	FL 85 Zip Code	
14 Durament	to the provisions of Sections 617 050	2 and 617 1509 Ethylde State	tee the above named		
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NO	TE: Registered Agent signature	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered required when revealating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	BOMAR, CARSON	CT perce	1.2 NAME		
STREET ADORESS	8480 W HOMOSASSA TR		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA SPRGS FL		1.4 CITY-ST-ZIP		
TITLE	D	DELETE	2.1 TITLE	Change Addition	
NAME	ATWOOD, DAN		2.2 NAME		
STREET ADDRESS	726 KINGS BAY DR TR		2.3 STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER FL	T April To	2 4 CITY-ST-ZIP	Change Addition	
TITLE	DP	☐ DELETE	3.1 TITLE	Li Criange Li Adultion	
NAME STREET ADDRESS	LONNIE DAVIS 321 N CANDLE PT		3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER FL		3.4 CITY-ST-ZIP		
TITLE	ALLIA LINE LAIDER I. P.	DELETE	4.1 TITLE	☐ Change ☐ Addition	
NAME		-	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		·	4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	Change Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	Change Addition	
NAME		المالين المالين	6.2 NAME	July Classique (Line Problement	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 1 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.

SIGNATURE: