NONPROFIT CORPORATION ANNUAL REPORT

1999



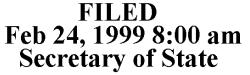
FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N34936

Corporation Name



02-24-1999 90136 038 ****61.25

HIGH O	AK ACHES PROPERTY OWI	IERS ASSOCIATION, IN	C.								
Principal Place											
8480 W. HOMO P.O. BOX 361	O SASSA TRAIL SPRINGS FL 34447	Mailing Address 8480 W. HOMO SASSA TRAIL P.O. BOX 361 HOMOSASSA SPRINGS FL 34447 US			į						
2. Principal P	Place of Business	2a. Mailing Address				3.	Date Incorporated or Qualifed				
21 26							10/27/1989				
Suite, Apt. #, etc. Suite, Apt. #, etc.						4.	FEI Number			plied For	
22 27							<u>59-29769</u> 67			Applicable	
City & State City & State							Certifcate of Status Desired		\$8.75 A Fee Re		
28			Country			_	El e Goulde Flandin				
Zip	Country 25	29 3	_ *	,		В.	Election Campaign Financing Trust Fund Contribution		\$5.00 Added to		
24	9. Name and Address of Curren		0			10.	Name and Address of New R	egistered /		01000	
	- Name and Flagrage C. Control		81	Na	me						
HAROLD STEPHENS				Str	eet Addres	ddress (P.O. Box Number is Not Acceptable)					
825 N CITRUS AVE											
CRYSTAL RIVER FL 32629			83						1		
			84	Cit	у			FL	85 Zip C	Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-name office or registered agent, or both, in the State of Florida. Such change was authorized by the con agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE						S DC	ard of directors. Thereby accep	t ale appoir	changing its itment as reg	registered gistered	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable.				nt signa	w beniupen eruti		einstating) ADDITIONS/CHANGES TO OFI	DATE ICERS AN	D DIRECTO	RS IN 12	
TITLE				13.			ADDITIONS/OFFACED TO CIT	102/10/11	Change	Addition	
NAME	D Bomar, Carson		1.2 NAME		'				_ ,		
STREET ADDRESS	8480 W HOMOSASSA TR		1.3 STREE	TADDR	ESS					1	
CITY-ST-ZIP				T-ZIP							
TITLE	DELETE 2.1 TI								Change	☐ Addition	
NAME	ATWOOD, DAN				ł					, [
STREET ADDRESS				TADDR	ESS						
CITY-ST-ZIP	CRYSTAL RIVER FL 2.40			ST-ZIP							
TITLE	DP DELETE 31TI								Change	☐ Addition	
NAME	LONNIE DAVIS		3.2 NAME		ļ					{	
STREET ADDRESS			3.3 STREE		RESS						
CITY-ST-ZIP				3.4. CITY-ST-ZIP					☐ Change	Addition	
TMLE		L'I OETE IE							☐ Onlange		
NAME			4. 2 NAME 4.3 STREE		Ess					.	
STREET ADDRESS			4.3 STREE		200					İ	
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE	11-ZIP					Change	Addition	
NAME			5.2 NAME		1				_ •	-	
STREET ADDRESS			5.3 STREE	T ADDR	ESS						
CITY-ST-ZIP			5.4 C/TY- S								
TITLE		☐ DELETE	6.1 TITLE						☐ Change	☐ Addition	
NAME			6.2 NAME							:	

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: LILLISIGN STURE PEQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-1-6-84

Daytime Phone #