

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # N50702 (2)

1. Corporation Name

HIGHLAND LAKES II OWNERS' ASSOCIATION, INC.

**APPROVED
AND
FILED**

95 APR 24 AM 8:49

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**P.O. BOX 1408
1890 S. 14TH ST., SUITE 105
FERNANDINA BEACH FL 32035-1408
US**

**P.O. BOX 1408
1890 S. 14TH STREET, SUITE 105
FERNANDINA BEACH FL 32035-1408
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/03/1992

3a. Date of Last Report

04/04/1994

4. FEI Number

59-3174855

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

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

7. Nonprofit with IRS 501(c)(3)

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 2215 EAST STATE ROAD 200

2a. Mailing Address

26 P O BOX 1408

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 YULEE FL

City & State

28 FERNANDINA BEACH FL

Zip

24 32097

Country

25 US

Zip

29 32035-1408

Country

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POWELL, TERRELL J.
1890 S. 14TH STREET
SUITE 105
FERNANDINA BEACH FL 32034**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
2215 EAST STATE ROAD 200

83

84 City

YULEE

FL

85 Zip Code
32097

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JOHNS, KENNETH L JR.
STREET ADDRESS	11217 SAN JOSE BLVD.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	VD
NAME	COX, EUNORE C
STREET ADDRESS	11217 SAN JOSE BLVD
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	SD
NAME	DUNBAR, DEBORAH
STREET ADDRESS	11217 SAN JOSE BLVD.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ 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 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.

DEBORAH H. DUNBAR

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/95 904-262-7718