

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 # **N93000002434 (9)**
1. Corporation Name

THE HIGHLANDS HOMEOWNERS' ASSOCIATION OF TALLAHASSEE, INC.



Principal Place of Business Mailing Address
431 WAVERLY RD. TALLAHASSEE FL 32312 US

3. Date Incorporated or Qualified **05/28/1993** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country 30 Country

4. FEI Number **59-3183708** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**ISAACS, DAN LEE
431 WAVERLY RD.
TALLAHASSEE FL 32312**

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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ROWE, BRIAN	
STREET ADDRESS	5385 PADDINGTON DR.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	COCHRAN, MIKE	
STREET ADDRESS	2956 PADDINGTON DR.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SUMPTER, KEN	
STREET ADDRESS	2964 PADDINGTON DR.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	EDGAR, DON	
STREET ADDRESS	2930 TWEKESBURY	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STANFIELD, JO	
STREET ADDRESS	5589 APPLIEDORE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Bob Furey	
13 STREET ADDRESS	5349 Tewkesbury Trace	
14 CITY-ST-ZIP	Tallahassee, Florida 32308	
21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Lvain Hensel	
23 STREET ADDRESS	5373 Appledore Lane	
24 CITY-ST-ZIP	Tallahassee, Florida 32308	
31 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Tony Laurienzo	
33 STREET ADDRESS	5373 Tewkesbury Trace	
34 CITY-ST-ZIP	Tallahassee, Florida 32308	
41 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Bill May	
43 STREET ADDRESS	5391 Appledore Lane	
44 CITY-ST-ZIP	Tallahassee, Florida 32308	
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Ben Ortgies	
53 STREET ADDRESS	5344 Tewkesbury Trace	
54 CITY-ST-ZIP	Tallahassee, Florida 32308	
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 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: William H. May William May Date: 4/30/90 Daytime Phone #: 531-0627

CR2E037 (12/95)