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May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

431 WAVERLY RD.
TALLAHASSEE FL 32312
US

3. Date Incorporated or Qualified

05/28/1993

4. FEI Number

59-3183708

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ISAACS, DAN LEE
431 WAVERLY RD.
TALLAHASSEE FL 32312

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	FUREY, BOB	
STREET ADDRESS	5349 TEWKESBURY TRACE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HARVEY, DAVE	
STREET ADDRESS	5351 TEWKESBURY TRACE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	YOUNG, JIM	
STREET ADDRESS	5368 PADDINGTON DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KVARTEK, JOHN	
STREET ADDRESS	5373 PADDINGTON DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ORTGIES, BEN	
STREET ADDRESS	5344 TEWKESBURY TRACE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Sara Wright	
1.3 STREET ADDRESS	5384 Appledore	
1.4 CITY-ST-ZIP	Tallahassee FL 32307	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Paul Casperator	
2.3 STREET ADDRESS	2934 Tewkesbury Trace	
2.4 CITY-ST-ZIP	Tall FL 32308	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Elizabeth, Mc Kenzie	
3.3 STREET ADDRESS	5365 Paddington Dr.	
3.4 CITY-ST-ZIP	Tall FL 32308	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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.

SIGNATURE:

Bob Furr

Bob Furr

11/30/98

(059)5210627

CR2E037 (10/97)