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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002434

1. Corporation Name

THE HIGHLANDS HOMEOWNERS' ASSOCIATION OF TALLAHASSEE, INC.

Principal Place of Business

431 WAVERLY RD.
TALLAHASSEE FL 32312
US

Mailing Address

431 WAVERLY RD.
TALLAHASSEE FL 32312
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

05/28/1993

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

P
NAME FUREY, BOB
STREET ADDRESS 5349 TEWKESBURY TRACE
CITY-ST-ZIP TALLAHASSEE FL

TITLE DELETE

SD
NAME HARVEY, DAVE
STREET ADDRESS 5351 TEWKESBURY TRACE
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE DELETE

D
NAME WRIGHT, SARA
STREET ADDRESS 5384 APPLIEDORE
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE DELETE

D
NAME CARPENTER, PAUL
STREET ADDRESS 2934 TEWKESBURY TRACE
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE DELETE

D
NAME MCKENZIE, ELIZABETH
STREET ADDRESS 5365 PADDINGTON DR.
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 32308

2.1 TITLE Change Addition

VD
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

T
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

SD
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

D
6.2 NAME Temple, Bill
6.3 STREET ADDRESS 5369 Tewkesbury Trace
6.4 CITY-ST-ZIP Tallahassee Florida 32308

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.

SIGNATURE:

Bob Furey SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

Date

531-0627

Daytime Phone #

CR2E037 (11/98)

0008618