

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90388 029 ****61.25

DOCUMENT # N93000002434

1. Entity Name

THE HIGHLANDS HOMEOWNERS' ASSOCIATION OF TALLAHA

Principal Place of Business

Mailing Address

431 WAVERLY RD.
 TALLAHASSEE FL 32312
 US

431 WAVERLY RD.
 TALLAHASSEE FL 32312-2856
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3183708

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ISAACS, DAN LEE
 431 WAVERLY RD.
 TALLAHASSEE FL 32312

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVP	<input type="checkbox"/> Delete
NAME	FUREY, BOB	
STREET ADDRESS	5349 TEWKESBURY TRACE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HARVEY, DAVE	
STREET ADDRESS	5351 TEWKESBURY TRACE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, SARA	
STREET ADDRESS	5384 APPLIEDORE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	T	<input type="checkbox"/> Delete
NAME	CARPENTER, PAUL	
STREET ADDRESS	2934 TEWKESBURY TRACE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCKENZIE, ELIZABETH	
STREET ADDRESS	5365 PADDINGTON DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	C	<input type="checkbox"/> Delete
NAME	TEMPLE, BILL	
STREET ADDRESS	5369 TEWKESBURY TRACE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

TITLE	DP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	John Coadill		
STREET ADDRESS	5377 Appledore Ln		
CITY-ST-ZIP	Tallahassee, FL 32308		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Bill Leonard		
STREET ADDRESS	5357 Paddington Dr		
CITY-ST-ZIP	Tallahassee, FL 32308		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John Coadill
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-00 (80) 893-3988

CR2E037 (9/99)