

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N93000002434

FILED
Apr 29, 2003
Secretary of State

Entity Name: THE HIGHLANDS HOMEOWNERS' ASSOCIATION OF TALLAHASSEE, INC.

Current Principal Place of Business:

431 WAVERLY RD.
TALLAHASSEE, FL 32312 US

New Principal Place of Business:

Current Mailing Address:

431 WAVERLY RD.
TALLAHASSEE, FL 32312 US

New Mailing Address:

FEI Number: 59-3183708 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISAACS, DAN LEE
431 WAVERLY RD.
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FUREY, BOB
Address: 5349 TEWKESBURY TRACE
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: OPPENHEIM, RICK
Address: 5348 TEWKESBURY
City-St-Zip: TALLAHASSEE, FL 32309

Title: DVP () Delete
Name: WISE, DOROTHY
Address: 2941 TEWKESBURY TRACE
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: WEST, BOB
Address: 5396 APPLIEDORE LANE
City-St-Zip: TALLAHASSEE, FL 32309

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: CARPENTER, PAUL
Address: 2934 TEWKESBURY
City-St-Zip: TALLAHASSEE, FL 32309

Title: DT (X) Change () Addition
Name: LOWERY, PAUL
Address: 5366 TEWKESBURY TRACE
City-St-Zip: TALLAHASSEE, FL 32309

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS () Change (X) Addition
Name: STARLING, LISA
Address: 5378 TEWKESBURY TRACE
City-St-Zip: TALLAHASSEE, FL 32309

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB FUREY

PRES

04/29/2003

Electronic Signature of Signing Officer or Director

_____ Date