

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 95 FEB 22 AM 11:10

**DOCUMENT # N93000005499 (9)**

1. Corporation Name  
**HIGHLANDS OF LAKE MARY HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business 2250 LUCIEN WAY SUITE 250 MAITLAND FL 32751	Mailing Address 2250 LUCIEN WAY SUITE 250 MAITLAND FL 32751
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/07/1993	3a. Date of Last Report 08/01/1994
4. FEI Number 59-3247576	Applied For Not Applicable

2. Principal Place of Business 21 555 Winderley Place Suite, Apt. #, etc. 22 Suite 420 City & State 23 Maitland, Florida Zip 24 32751 Country 25 U.S.A.	2a. Mailing Address 26 555 Winderley Place Suite, Apt. #, etc. 27 Suite 420 City & State 28 Maitland, Florida Zip 29 32751 Country 30 U.S.A.
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5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MANCUSO, JAMES  
 2250 LUCIEN WAY  
 SUITE 250  
 MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name Mohle, Helmut L.	
82 Street Address (P.O. Box Number is Not Acceptable) 555 Winderley Place	
83 Suite 420	
84 City Maitland, FL	85 Zip Code 32751

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Helmut Mohle* DATE: 2-16-95

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MOHLE, HELMUT L 2250 LUCIEN WAY, SUITE 250 MAITLAND FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST MCDONALD, DONNA J 2250 LUCIEN WAY, SUITE 250 MAITLAND FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV KOELBLE, JANICE C 2500 LUCIEN WAY, SUITE 250 MAITLAND FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mohle, Helmut 555 Winderley Place, Suite 420 Maitland, Florida 32751
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition McDonald, Donna J. 555 Winderley Place, Suite 420 Maitland, Florida 32751
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Koelble, Janice C. 555 Winderley Place, Suite 420 Maitland, Florida 32751
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Helmut Mohle* DATE: 1-25-95 (407)875-1001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Helmut Mohle, President