

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000005499 (9)  
1. Corporation Name

HIGHLANDS OF LAKE MARY HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: 555 WINDERLEY PLACE, SUITE 420, MAITLAND FL 32751, US  
Mailing Address: 555 WINDERLEY PLACE, SUITE 420, MAITLAND FL 32751, US

3. Date Incorporated or Qualified: 12/07/1993  
3a. Date of Last Report: 02/22/1995

2. Principal Place of Business: 21 Communities of Florida, Suite, Apt. #, etc. 22 444 Winding Crk Pl, City & State 23 Longwood, Florida, Zip 24 32791, Country 25 USA  
2a. Mailing Address: 26 P.O. Box 915896, Suite, Apt. #, etc. 27, City & State 28 Longwood, Florida, Zip 29 32791, Country 30 USA

4. FEI Number: 59-3247576, 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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: MANCUSO, JAMES, 555 WINDERLEY PLACE, SUITE 420, MAITLAND FL 32751

10. Name and Address of New Registered Agent: 81 Name: Paul Heyse, 82 Street Address (P.O. Box Number is Not Acceptable): 3509 Moss Pointe Place, 83, 84 City: Lake Mary, FL, 85 Zip Code: 32746

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: Paul Heyse Paul Heyse DV, DATE: 04/28/96

12. OFFICERS AND DIRECTORS	
TITLE: DP	<input checked="" type="checkbox"/> DELETE
NAME: MOHLE, HELMUT L	
STREET ADDRESS: 555 WINDERLEY PLACE SUITE 420	
CITY-ST-ZIP: MAITLAND FL	
TITLE: DST	<input checked="" type="checkbox"/> DELETE
NAME: MCDONALD, DONNA J	
STREET ADDRESS: 555 WINDERLEY PLACE SUITE 420	
CITY-ST-ZIP: MAITLAND FL	
TITLE: DV	<input checked="" type="checkbox"/> DELETE
NAME: KOELBLE, JANICE C	
STREET ADDRESS: 555 WINDERLEY PLACE SUITE 420	
CITY-ST-ZIP: MAITLAND FL	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: Paul Heyse	
1.3 STREET ADDRESS: 3509 Moss Pointe Place	
1.4 CITY-ST-ZIP: Lake Mary, Florida 32746	
2.1 TITLE: DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME: David Glassburn	
2.3 STREET ADDRESS: 901 Garden Glen Loop	
2.4 CITY-ST-ZIP: Lake Mary, Florida 32746	
3.1 TITLE: DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME: Stephen Cohn	
3.3 STREET ADDRESS: 3564 Moss Pointe Place	
3.4 CITY-ST-ZIP: Lake Mary, Florida 32746	
4.1 TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME: Lynda Katchusky	
4.3 STREET ADDRESS: 3537 Moss Pointe Place	
4.4 CITY-ST-ZIP: Lake Mary, Florida 32746	
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:	

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: Paul Heyse, DATE: 04/28/96, DAYTIME PHONE: 407-826-3651

CR2E037 (12/95)