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

NONPROFIT **CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N93000005499 (9)

HIGHLANDS OF LAKE MARY HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address 2180 W SR 434 #5000 P.O. BOX 915896 LONGWOOD FL 32778-5044 LONGWOOD FL 32781-5896 3. Date Incorporated or Qualified 3a. Date of Last Report 12/07/1993 05/01/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-3247576 21 2180 WEST SR 434 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 5000 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 LONGWOOD FL Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes You No 24 25 29 32779 30 USA 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name HART, JAMES W JR. 82 Street Address (P.O. Box Number is Not Acceptable) 2180 W. STATE ROAD 434 83 **SUITE 5000** LONGWOOD FL 32779-5044 84 City 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. (NO1E: Rogistered Agent signature required when reinstating OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. XXDELETE Change X XAddition TITLE Ď۷ 1.1 TITLE PD NAME HEYES, PAUL 12 NAME COHN, STEVE 3564 MOSS POINTE PL LAKE MARY FL 32746 3509 MOSS POINTE PLACE STREET ADDRESS 1.3 STREET ADDRESS LAKE MARY FL CITY-ST-ZIP 1.4 CITY-ST-ZIP XXDELETE 2.1 TITLE Change XXAddition TITLE DS ÄYALA, JUAN 3585 MOSS POINT PL LAKE MARY FL 32746 NAME **GLASSBURN, DAVID** 2.2 NAME 901 GARDEN GLEN LOOP STREET ADDRESS 2.3 STREET ADDRESS LAKE MARY FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP XXDELETE XX Addition Change TITLE 3.1 TITLE IGNACIO,RAFAEL 896 GARDEN GLEN LOOP LAKE MARY FL 32746 NAME COHN, STEPHEN 3.2 NAME 3564 MOSS POINTE PLACE STREET ADDRESS 3.3 STREET ADDRESS

CITY-ST-ZIP 14. I do 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 of 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 of 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 chapted or on an attanting with an address.

3,4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

**6.3 STREET ADDRESS** 

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LAKE MARY FL

KIATCHUSKY, LYNDA

LAKE MARY FL 32746

3537 MOSS POINTE PLACE

2/26/97

KATCHUSKY,LINDA 3537 MOSS POINTE PL LAKE MARY FL 32746

STERLING, JENNIFER 853 GARDEN GLEN LOOP

LAKE MARY FL 32746

XX Change

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**FILED** 

May 09 1997 8:00am

Secretary of State