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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 POCUMENT #

FILED Mar 26 1998 8:00am Secretary of State

HIGHLANDS OF LAKE MARY HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address										
Principal Plac	e of Business	Mailing Address				i ibailiai dia 18120 (1)(1 Edili 981)	 	it alata k)	
2180 W SR 434 LONGWOOD FL US		2180 WEST SR 434 STE. 5000 LONGWOOD FL 32779 US				3. Date Incorporated or Qualified 12/07/1993 4. FEI Number		Ap	pplied For	
A D : : : D						59-3247576		No	t Applicable	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26				5. Certificate of Status Desired		3.75 / Fee Re	Additional equired	
22 Suite, Apt.	₩, etc.	Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
City & State		City & State				7. Is this nonprofit corporation a homeowners association?				
23		26					[X]XYes □ No)		
Zip	Country	Zip	Countr	У		8. This corporation owes or has p	· · · · · · · · · · · · · · · · · · ·			
24	25 9. Name and Address of Curr		30			Personal Property Tax due Jur 10. Name and Address of New R			X No	
	5. Italie situ Rudiess Ul Cull	ent registered Agent	81	Name		to. Name and Address of New I	iogisterou Ageit			
MADT I	IAMES W JR.		Ĺ							
	. STATE ROAD 434		62	82 Street Addr		ss (P.O. Box Number is Not Accepte	able)			
SUITE 5			83	3						
	OOD FL 32779-5044		84	City			lor.	l Zin /	Codo	
			1				FL 85	1	Code	
11. Pursuant	to the provisions of Sections 617.0	502 and 617.1508, Florida Statute	es, the abov	/e-name	d corpoi	ration submits this statement for the	purpose of char	nging it	s registered	
		uto of Elosido. Cuob obonos umo o	such a placed to	us the en						
agent. I a	registered agent, or both, in the Sta im familiar with, and accept the obl	ate of Florida. Such change was a ligations of, Section 617.0503, Flo	authorized b orida Statute	y the co	rporatio	ration submits this statement for the n's board of directors. I hereby acc	ept the appointm	ent as	registered	
agent. I a								ent as	registered	
SIGNATURE ,	Signature, typed or printed name of registered (agent and title if applicable. (NOTE	E: Registered Aç			when reinstating)	DATE			
SIGNATURE .	Signature, typed or printed name of registered of OFFICERS A	agent and title if applicable. (NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE	E: Registered Ac	gent signatur	e required		DATE ICERS AND DIR	ECTOR	S IN 12	
SIGNATURE	Signature, typed or printed name of registered of OFFICERS A	agent and title if applicable. (NOTE	E: Registered Ac	gent signatur		when reinstating)	DATE ICERS AND DIR			
SIGNATURE . 12. TITLE NAME	Signature, typed or printed name of registered of OFFICERS A PD COHN, STEVE	agent and title if applicable. (NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE	13. 1.1 TITLE	gent signatur	e required	when reinstating)	DATE ICERS AND DIR	ECTOR	S IN 12	
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered of OFFICERS A PD COHN, STEVE 3564 MOSS POINTE PL	agent and title if applicable. (NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE	13. 1.1 TITLE 1.2 NAME 1.3 STREE	gent signatur	e required	when reinstating)	DATE ICERS AND DIR	ECTOR	S IN 12	
SIGNATURE . 12. TITLE NAME	Signature, typed or printed name of registered of OFFICERS A PD COHN, STEVE	agent and title if applicable. (NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE	13. 1.1 TITLE	gent signatur	e required	when reinstating)	DATE ICERS AND DIRI	ECTOR	S IN 12	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered of OFFICERS APD COHN, STEVE 3564 MOSS POINTE PL LAKE MARY FL	agent and tille if applicable. (NOTE UND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-	gent signatur ET ADDRESS ST-ZIP	e required	when reinstating)	DATE ICERS AND DIRI	ECTOR Change	S IN 12	
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14. 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 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: