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May 11, 1999 8:00 am
Secretary of State

05-11-1999 90035 012 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000005499

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

Principal Place of Business 2180 W SR 434 #5000 LONGWOOD FL 32779-5044 US	Mailing Address 2180 WEST SR 434 STE. 5000 LONGWOOD FL 32779 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 12/07/1993	4. FEI Number 59-3247576 Applied For Not Applicable	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
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9. Name and Address of Current Registered Agent HART, JAMES W JR. 2180 W. STATE ROAD 434 SUITE 5000 LONGWOOD FL 32779-5044	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COHN, STEVE 3564 MOSS POINTE PL LAKE MARY FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AYALA, JUAN 3585 MOSS POINT PL LAKE MARY FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RONSKE, TODD 3532 MOSS POINTE PL LAKE MARY FL 32746 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATCHUSKY, LINDA 3537 MOSS POINTE PL LAKE MARY FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOSTICK, DOUG 3505 MOSS POINTE PL LAKE MARY FL 32746 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SPERANZA, GINA 3540 MOSS POINTE PL LAKE MARY FL 32746

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, with all other like empowered.

SIGNATURE: Douglas L. Bostick **SIGNATURE REQUIRED** 3/3/99 (407) 324-7534
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)

545044-90035-12

HIGHLANDS OF LAKE MARY HOMEOWNERS ASS., INC.

N93000005499

TITLE	SD	DELETE	ADDITION	CHANGE
NAME	KENT, SANDRA		X	
STREET ADDRESS	3593 MOSS POINTE PL			
CITY ST ZIP	LAKE MARY FL 32746			

TITLE	D	DELETE	ADDITION	CHANGE
NAME	BENJAMIN, ANDY		X	
STREET ADDRESS	3573 MOSS POINTE PL			
CITY ST ZIP	LAKE MARY FL 32746			

TITLE		DELETE	ADDITION	CHANE
NAME				
STREET ADDRESS				
CITY ST ZIP				

TITLE		DELETE	ADDITION	CHANGE
NAME				
STREET ADDRESS				
CITY ST ZIP				

TIT.E		DELETE	ADDITION	CHANGE
NAME				
STREET ADDRESS				
CITY ST ZIP				

