

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90127 020 ****61.25

DOCUMENT # N93000005499

1. Entity Name

HIGHLANDS OF LAKE MARY HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2180 W SR 434 #5000
 LONGWOOD FL 32779-5044
 US

2180 WEST SR 434
 STE. 5000
 LONGWOOD FL 32779
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3247576

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HART, JAMES W JR.
2180 W STATE ROAD 434
SUITE 5000
LONGWOOD FL 32779-5044

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **RONSKIE, TODD**
 STREET ADDRESS **3532 MOSS POINTE PL**
 CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **D** Change Addition
 NAME **ATWOOD, JOE**
 STREET ADDRESS **3585 MOSS POINTE PL**
 CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **TD** Delete
 NAME **BOSTICK, DOUG**
 STREET ADDRESS **3505 MOSS POINTE PL**
 CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **SPERANZA, GINA**
 STREET ADDRESS **3540 MOSS POINT PL**
 CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **BENJAMIN, ANDY**
 STREET ADDRESS **3573 MOSS POINTE PL**
 CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **KENT, SANDRA**
 STREET ADDRESS **3593 MOSS PT PL**
 CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Todd Ronskie 3/21/02

407-324-7527
 Date Daytime Phone #

CR2E037 (9/01)