

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005499

FILED
Mar 29, 2004
Secretary of State**Entity Name:** HIGHLANDS OF LAKE MARY HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**2180 W SR 434 #5000
LONGWOOD, FL 327795044 US**New Principal Place of Business:**2180 W SR 434
SUITE 5000
LONGWOOD, FL 327795044 US**Current Mailing Address:**2180 WEST SR 434
STE. 5000
LONGWOOD, FL 32779 US**New Mailing Address:**2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US**FEI Number:** 59-3247576**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HART, JAMES W JR.
2180 W. STATE ROAD 434
SUITE 5000
LONGWOOD, FL 327795044 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: VD () Delete
Name: FIELD, VALARIE
Address: 3553 MOSS POINTE PL
City-St-Zip: LAKE MARY, FL 32746Title: TD () Delete
Name: BOSTICK, DOUG
Address: 3505 MOSS POINTE PL
City-St-Zip: LAKE MARY, FL 32746Title: PD () Delete
Name: SPERANZA, GINA
Address: 3540 MOSS POINT PL
City-St-Zip: LAKE MARY, FL 32746Title: D () Delete
Name: CUCCINELLO, PAUL
Address: 3568 MOSS POINT PL
City-St-Zip: LAKE MARY, FL 32746Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: VPD (X) Change () Addition
Name: FIELD, VALERIE
Address: 3553 MOSS POINTE PL
City-St-Zip: LAKE MARY, FL 32746Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: SD () Change (X) Addition
Name: JOHNSON, LORI
Address: 3585 MOSS POINTE PL
City-St-Zip: LAKE MARY, FL 32746

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GINA SPERANZA

PD

03/29/2004

Electronic Signature of Signing Officer or Director

Date