

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001677

1. Entity Name

HIGHVIEW POINTE HOMEOWNERS ASSOCIATION, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

03-14-2000 90021 019 ****61.25

Principal Place of Business		Mailing Address	
35 ELIZABETH STREET MASCOTTE FL 34753		35 ELIZABETH STREET MASCOTTE FL 34753-9257	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
59-3311742		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SAVAGE, GAIL SAVAGE, NORMAN D 35 ELIZABETH STREET MASCOTTE FL 34753		SAVAGE, GAIL M. Street Address (P.O. Box Number is Not Acceptable) 35 ELIZABETH STREET 100 South Lake Dr MASCOTTE Leesburg FL City FL Zip Code 34753	

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. 34788-2655

SIGNATURE Gail M. Savage Pres 3/08/2000
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD DIRECTOR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVAGE, NORMAN D	NAME	
STREET ADDRESS	35 ELIZABETH STREET 100 SOUTH LAKE DR	STREET ADDRESS	
CITY-ST-ZIP	MASCOTTE FL 34753 Leesburg FL 34788-2655	CITY-ST-ZIP	
TITLE	STD P D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVAGE, GAIL M.	NAME	
STREET ADDRESS	35 ELIZABETH STREET 100 SOUTH LAKE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	MASCOTTE FL 34753 Leesburg FL 34788-2655	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMOS, ROBERT	NAME	
STREET ADDRESS	308 SAVAGE AVENUE - PASSED AWAY	STREET ADDRESS	
CITY-ST-ZIP	GROVELAND FL 34736	CITY-ST-ZIP	
TITLE	Phillip Dresko Director <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Seven Highview Court	NAME	
STREET ADDRESS	MASCOTTE FL 34753	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: GAIL M. SAVAGE Pres 3/08/2000 352-429-4710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)