

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90012 001 ****61.25

DOCUMENT # N95000002014					
1. Entity Name HIGHLAND LAKES ESTATES HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 1510 N BROADWAY BARTOW, FL 33830			Mailing Address PO BOX 2653 BARTOW, FL 33830		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3101191	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAUNDERS, THOMAS C 480 S BROADWAY AVE BARTOW, FL 33830			7. Name and Address of Now Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FUS, JOHN 2190 BOARDMAN RD. BARTOW, FL 33830		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARY Mc Pherson 2131 VILLAGE RD. BARTOW, FL 33830	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREASY, JAY 2170 BOARDMAN ROAD BARTOW, FL 33830		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARRY Godwin 2115 BOARDMAN RD BARTOW FL 33830	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FUS, JANET 2190 BOARDMAN RD BARTOW, FL 33830		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOE HURBAN PO BOX 2262/2140 HIGHLAND BARTOW FL 33830 BLVD	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRETZ, GAIL 1720 BOSARGE DR BARTOW, FL 33830		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAX Wilbanks 1650 HIGHLAND BLVD BARTOW FL 33830	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DG HUCKS, ELIZABETH 1735 BOSARGE DR BARTOW, FL 33830		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUCKS, ELIZABETH 1735 BOSARGE DR. BARTOW FL 33830	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRAIG, NANCY 1770 BOSARGE BARTOW, FL 33830		(Empty row for additions/changes)		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Nancy Craig - NANCY CRAIG</u> <u>2/14/08</u> <u>863-5349488</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					