2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000001103

1. Entity Name

HIGHLANDS GLEN HOMEOWNERS ASSOCIATION, INC.



FILED Feb 02, 2005 8:00 am Secretary of State

02-02-2005 90036 037 ****61.25

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242 HIGHLANDS GLEN CIR.			242	Mailing Address 242 HIGHLANDS GLEN CIR. WINTER SPRINGS, FL 32708 US				# ####################################	E ELISH BESH GENN SSIN			TIERI AN EN DI	
2. Principal Place of Business 3. N				Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #. etc.				01032005 C	hg-NP	CR2E03	7 (10/03)		
City & State				City & State				4. FEI Number 59-344614	15			pplied For	
Zip Country			Zip		ıntry	5. Certificate of Status Desired See Required			fitional				
	6. Name	and Address of Current	Registere	d Agent		7. Name and Address of New Registered Agent							
O'SULLIVAN, VIRGINIA						Name							
242 HIGHLANDS GLEN CIRCLE WINTER SPRINGS, FL 32708						Street Address (P.O. Box Number is Not Acceptable)							
						City	City Zip Code						
The above named entity submits this statement for the purpose of changing its registered office or rethe obligations of registered agent.								ed agent, or both, in	the State of Flo		l amiliar with,	and accept	
are obligations of registered agent.													
SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
Filing Fee is \$61.25 9. Election Campaign Fi Due by May 1, 2005 Trust Fund Contribution								\$5.00 May Be Added to Fees	1 0000000000000000000000000000000000000	na an analan kananan an an an	payable to ment of St		
10.		OFFICERS AND DIE	RECTORS		11.		Ä	ADDITIONS/CHANG	ES TO OFFICER	RS AND DIR	ECTORS IN	10	
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NAME O'SULLIVAN, VIRGINIA				, NAM		ε	Jaco	s, Marge	01 1.	Λ		<i>p</i>	
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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 IND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECT

1/3/05

407-327-1919

Daytime Phone #