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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005822 (9)
1. Corporation Name

HIGHLANDS PROFESSIONAL CENTER MANAGEMENT ASSOCIATION, INC.



Principal Place of Business: 3300 SW 34TH AVE., SUITE 148 Ocala FL 34474
Mailing Address: P.O. BOX 367 Ocala FL 34478

3. Date Incorporated or Qualified: 11/14/1996
4. FEI Number: 65-0768749
APPLIED FOR

2. Principal Place of Business: 21 3233 S.W. 33rd Road, 22 Suite 201, 23 Ocala, Florida, 24 34474-7459
2a. Mailing Address: 26 Suite, Apt. #, etc., 27, 28 City & State, 29 Zip, 30 Country

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: BARBER, JON K, 3300 SW 34TH AVE., SUITE 148, Ocala FL 34474

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable) 3233 S.W. 33rd Road, Suite 201, 83, 84 City, 85 Zip Code FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Table with 2 columns: 12. OFFICERS AND DIRECTORS, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include titles and names like PALMER, W.M. JR., BARBER, JON K, GLANZER, DOROTHY.

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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dorothy Glanzer, January 19, 1998 352-237-6145

CR2E037 (10/97)