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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000003627

1. Corporation Name

HIGHLAND COUNTRY ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
234 COLBURN DRIVE DEBARY FL 32713	234 COLBURN DRIVE DEBARY FL 32713

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 234 Colburn Dr	26	06/23/1997
Suite, Apt. #, etc. 22 DeBary, Fla. 32713	Suite, Apt. #, etc. 27	4. FEI Number 59-3493612 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 32713 Country 25 Volusia	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

PERSICO, FRANK M
234 COLBURN DRIVE
DEBARY FL 32713

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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: Frank M Persico Pres., Frank M. Persico 4/5/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	PERSICO, FRANK M		1.2 NAME	Chuck Metzger	
STREET ADDRESS	234 COLBURN DR		1.3 STREET ADDRESS	213 Bittersweet	
CITY-ST-ZIP	DEBARY FL 32713		1.4 CITY-ST-ZIP	DeBary, Fl. 32713	
TITLE	VPD	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	COLLINS, ROBERT		2.2 NAME	Barbara Krieger	
STREET ADDRESS	199 BITTERSWEET DR		2.3 STREET ADDRESS	152 Plantation Dr.	
CITY-ST-ZIP	DEBARY FL 32713		2.4 CITY-ST-ZIP	DeBary, Fl. 32713	
TITLE	PD	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	VOELTZ, MARSHALL		3.2 NAME	Donald Kraft	
STREET ADDRESS	181 FOREST LANE		3.3 STREET ADDRESS	54 BUDDY AVE.	
CITY-ST-ZIP	DEBARY FL 32713		3.4 CITY-ST-ZIP	DeBary, Fl. 32713	
TITLE	D	☒ DELETE	4.1 TITLE	D VP	☒ Change ☐ Addition
NAME	WALBECK, LESTER		4.2 NAME	Lester Walbeck	
STREET ADDRESS	19 RAMADA DR		4.3 STREET ADDRESS	19 Ramada Dr	
CITY-ST-ZIP	DEBARY FL 32713		4.4 CITY-ST-ZIP	DeBary, Fl. 32713	
TITLE	D	☐ DELETE	5.1 TITLE	T	☐ Change ☒ Addition
NAME	GREEN, CHARLES		5.2 NAME	Kathleen Mc Ginty	
STREET ADDRESS	136 CHATEAU CIR		5.3 STREET ADDRESS	235 Colburn Dr.	
CITY-ST-ZIP	DEBARY FL 32713		5.4 CITY-ST-ZIP	DeBary, Fl. 32713	
TITLE	AD	☐ DELETE	6.1 TITLE	S	☐ Change ☒ Addition
NAME	MELCHER, RUTH		6.2 NAME	Alma LeFebure	
STREET ADDRESS	46 BUDDY AVE		6.3 STREET ADDRESS	89 Clairmont	
CITY-ST-ZIP	DEBARY FL 32713		6.4 CITY-ST-ZIP	DeBary, Fl. 32713	

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, with all other like empowered.

SIGNATURE: Frank M Persico SIGNATURE REQUIRED 4/5/99 904-774-4010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)