2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State
05-23-2002 90019 010 ****61.25

DOCUMENT # N97000003627

1. Entity Name

HIGHLAND COUNTRY ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
213 BITTERSWEET DR DEBARY FL 32713	213 BITTERSWEET DR DEBARY FL 32713

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3493612 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
METZGER, CHUCK 213 BITTERSWEET DR DEBARY FL 32713	Name: DE FELICE, STEPHEN Street Address (P.O. Box Number Is Not Acceptable): ~~195 FOREST LN.~~ City: DEBARY, FL Zip Code: 32713

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.

SIGNATURE: Stephen DeFelice President — 3/21/02
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. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCGINTY, KATHERINE 235 COLBURN DR DEBARY FL 32713	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MCGINTY, KATHERINE 235 COLBURN DR. ~~DEBARY, FL. 32713~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KRIEGER, BARBARA 153 PLANTATION AVE DEBARY FL 32713	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRIEGER, BARBARA 153 PLANTATION AVE. ~~DEBARY, FL. 32713~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP METZGER, CHUCK 213 BITTERSWEET DEBARY FL 32713	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DE FELICE, STEPHEN 195 FOREST LN. ~~DEBARY, FL. 32713~~	■ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, DONALD 22 FLEETWOOD AVE DEBARY FL 32713	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROUSH, JOANN 179 TOWER RD DEBARY FL 32713	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOEHM, JOHN 10 PLANTATION AVE DEBARY FL 32713	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Stephen DeFelice ~~SIGNATURE REQUIRED~~ President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #