# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Apr 22, 2004 8:00 am**
**Secretary of State**
04-22-2004 90014 020 ****61.25

DOCUMENT # N97000003627

1. Entity Name

HIGHLAND COUNTRY ESTATES HOMEOWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 77 PLANTATION AVE<br>DEBARY FL 32713 | 77 PLANTATION AVE<br>DEBARY FL 32713 |

MOORE CR2E037 (11/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 179 Tower rd. | 179 Tower Rd. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: DEBARY, FLA. | City & State: DEBARY, FLA. |
| Zip: 32713 Country: USA | Zip: 32713 Country: USA |

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**

COATS, JANICE
77 PLANTATION AVE
DEBARY FL 32713

**7. Name and Address of New Registered Agent**

Name: JOANNE ROUSH
Street Address (P.O. Box Number is Not Acceptable): 179 TOWER RD.FL.
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: JANICE COATS
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**
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 | DT<br>COATS, JANICE<br>77 PLANTATION AVE<br>DEBARY FL 32713 ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PRES. Dir.<br>JOANNE ROUSH<br>179 Tower Rd.<br>DeBary Fl. 32713 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>BARBARC, KRIEGER<br>153 PLANTATION AVE<br>DEBARY FL 32713 ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V. Pres. DIR.<br>LaRue Avery<br>48Buddy Ave.<br>DeBary, Fl. ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>FREEMAN, VICKI<br>142 COLBURN<br>DEBARY FL 32713 ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Sec. DIR.<br>Alma Lefebvre<br>65 Statler Ave<br>DeBary Fl. ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SABELLA, BARBARA<br>191 FOREST LANE<br>DEBARY FL 32713 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Treas. DIR.<br>JoannePetzy<br>104 Clairmont Ave.<br>DeBary Fl. ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ROUSH, JOANN<br>179 TOWER RD<br>DEBARY FL 32713 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Dir<br>Robert Grolz<br>230 Colburn Dr.<br>DeBary, Fl. ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SIMONE, CHARLES<br>215 BITTERSWEET DR<br>DEBARY FL 32713 ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Dir.<br>Barbara Sabella<br>191 Forest Dr.<br>DeBary, FL. ☐ Change ☐ Addition |

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:** Alma Lefebvre Secretary 4-17-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #