

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90208 046 ****70.00

DOCUMENT # N97000003627

1. Entity Name
HIGHLAND COUNTRY ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

213 BITTERSWEET DR
DEBARY FL 32713

Mailing Address

213 BITTERSWEET DR
DEBARY FL 32713

2. Principal Place of Business

77 PLANTATION AVE

Suite, Apt. #, etc.

3. Mailing Address

77 PLANTATION AVE

Suite, Apt. #, etc.

City & State

DeBary FL

City & State

DeBary FL

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

DE FELICE, STEPHEN
195 FOREST LN
DEBARY FL 32713

7. Name and Address of New Registered Agent

Name

JANICE COATS

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

77 PLANTATION AVE

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)

4-3-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VP** ☒ Delete
NAME **MCGINTY, KATHERINE**
STREET ADDRESS **235 COLBURN DR**
CITY-ST-ZIP **DEBARY FL 32713**

TITLE **D** ☐ Delete
NAME **KRIEGER, BARBARA**
STREET ADDRESS **153 PLANTATION AVE**
CITY-ST-ZIP **DEBARY FL 32713**

TITLE **DP** ☒ Delete
NAME **DE FELICE, STEPHEN**
STREET ADDRESS **195 FOREST LN**
CITY-ST-ZIP **DEBARY FL 32713**

TITLE **D** ☒ Delete
NAME **BROWN, DONALD**
STREET ADDRESS **22 FLEETWOOD AVE**
CITY-ST-ZIP **DEBARY FL 32713**

TITLE **D** ☐ Delete
NAME **ROUSH, JOANN**
STREET ADDRESS **179 TOWER RD**
CITY-ST-ZIP **DEBARY FL 32713**

TITLE **D** ☒ Delete
NAME **BOEHM, JOHN**
STREET ADDRESS **10 PLANTATION AVE**
CITY-ST-ZIP **DEBARY FL 32713**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **JANICE COATS**
STREET ADDRESS **77 PLANTATION AVE**
CITY-ST-ZIP **DeBary FL 32713**

TITLE **DV** ☒ Change ☐ Addition
NAME **Krieger Barbara**
STREET ADDRESS **153 Plantation Ave**
CITY-ST-ZIP **DeBary FL 32713**

TITLE **S** ☐ Change ☒ Addition
NAME **Vicki Freeman**
STREET ADDRESS **142 Colburn**
CITY-ST-ZIP **DeBary FL 32713**

TITLE **D** ☐ Change ☒ Addition
NAME **Barbara Sabella**
STREET ADDRESS **191 Forest Lane**
CITY-ST-ZIP **DeBary FL 32713**

TITLE **D** ☐ Change ☐ Addition
NAME **CHARLES Simone**
STREET ADDRESS **215 Bittersweet Dr**
CITY-ST-ZIP **DeBary FL 32713**

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 REQUIRED**

4/2/03 386-775-1143

CR2E037 (10/02)