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FILED  
May 14 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 # N97000004534 (0)

1. Corporation Name

HIGHLAND LAKES MEMORIAL FUND, INC.

Principal Place of Business

Mailing Address

5500 CLUBHOUSE DRIVE  
LEESBURG FL 34748

5500 CLUBHOUSE DRIVE  
LEESBURG FL 34748

3. Date Incorporated or Qualified

08/08/1997

4. FEI Number

EIN 59-3485154

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

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

10. Name and Address of New Registered Agent

GLESS, ED  
5500 CLUBHOUSE DRIVE  
LEESBURG FL 34748

81 Name

GLESS ED

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

27107 RACQUET CIRCLE

83

84 City

LEESBURG

FL

85 Zip Code

34748

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

Ed Gless

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME COX, WILLIAM L  
STREET ADDRESS 6150 WADE STREET  
CITY-ST-ZIP LEESBURG FL 34748

☐ DELETE

TITLE VD  
NAME ZEIS, JOHN  
STREET ADDRESS 5904 NEWCOMBE CIR  
CITY-ST-ZIP LEESBURG FL 34748

☐ DELETE

TITLE D  
NAME LANDISE, JOHN  
STREET ADDRESS 28717 RACQUET CIR  
CITY-ST-ZIP LEESBURG FL 34748

☐ DELETE

TITLE D  
NAME  
STREET ADDRESS 27107 RACQUET CIR  
CITY-ST-ZIP LEESBURG FL 34748

☐ DELETE

TITLE TD  
NAME SANTANGELO, JEAN  
STREET ADDRESS 5515 ROSEWALL CIR  
CITY-ST-ZIP LEESBURG FL 34748

☐ DELETE

TITLE D  
NAME LANE, VICTOR  
STREET ADDRESS 8046 WADE ST  
CITY-ST-ZIP LEESBURG FL 34748

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

Ed Gless

CR2E037 (1097)