

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000061973 (2)

1. Corporation Name

HIGHLAND LAKES REALTY, INC.



Principal Place of Business

550 SOUTH HIGHLAND STREET
MOUNT DORA FL 32757

Mailing Address

550 SOUTH HIGHLAND STREET
MOUNT DORA FL 32757

3. Date Incorporated or Qualified
08/30/1993

3a. Date of Last Report
05/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPOONER, SAMUEL O.
1324 CRESTVIEW DRIVE
MOUNT DORA FL 32757

81

Name

YEUELL G. WATKINS

82

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

26430 Savage Circle

83

84

City

Howey in the Hills

FL

85 Zip Code

34737

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Yeuell G. Watkins

YEUELL G. WATKINS, PRESIDENT

4-25-96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE		<input checked="" type="checkbox"/> DELETE
NAME	SPOONER, SAMUEL O.	
STREET ADDRESS	1324 CRESTVIEW DRIVE	
CITY-ST-ZIP	MOUNT DORA FL	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME	WATKINS, YEUELL G.	
STREET ADDRESS	26430 SAVAGE CIRCLE	
CITY-ST-ZIP	HOWEY IN THE HILLS FL	
TITLE		<input type="checkbox"/> DELETE
NAME	REA, C. SCOTT	
STREET ADDRESS	1679 BANNING BEACH ROAD	
CITY-ST-ZIP	TAVARES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	YEUELL G. WATKINS	
1.4 CITY-ST-ZIP	26430 Savage Circle	
2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	C. SCOTT REA	
2.3 STREET ADDRESS	1679 Banning Beach Road	
2.4 CITY-ST-ZIP	TAVARES, FL, 32778	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	200001840001	
5.4 CITY-ST-ZIP	-05/28/96--01017--012	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	***200.00	
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Yeuell G. Watkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

(352) 383-2600

Date

Daytime Phone #

CR2E034 (12/95)