## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600000806

1. Corporation Name

LAKE HIGHLANDS ASSOCIATES, INC.

		_	
Principal	Place	of	Business

Mailing Address

151 E. MINNEHAHA AVE. CLERMONT FL 34711

151 E. MINNEHAHA AVE. CLERMONT FL 34711

## May 05, 1999 8:00 am Secretary of State

05-05-1999 90070 022 \*\*\*150.00



OLEANOTT 1 E STATE			DO NOT WRITE IN THIS SPACE					
					3. Date Incorporated or Qualifed			
					01/03/1996			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For	
21		26			59-3372100	No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5 Certificate of Status Desired	\$8.75	Additional	
22	,	27			5. Certifcate of Status Desired	Fee Re	quired	
City & State	ie -	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added t	,	
Zip	Country	Zip	Count	ry	8. This corporation owes the current year Ir	nta gible		
24	25	29	30		Personal Property Tax.	. Exyes	□No	
241	9. Name and Address of Curr				10. Name and Address of New Registered	Agent		
			8	1 Name				
EVA	ns, david l		L					
	E. ROBINSON STREET		8	2 Street Ad	Street Address (P.O. Box Number is Not Acceptable)			
SUITE 600			9	3				
	ANDO FL 32801		`	٦				
ORL	ANDO 1 L 32001		8	4 City		85 Zip (	Code	
					<u> </u>	_		
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statut	es, the abo	ve-named co	orporation submits this statement for the purpose of	of changing its	registered	
office or r	registered agent, or both, in the Stat im familiar with, and accept the obliq	te of Florida. Such change was a gations of, Section 607.0505, Flo	utnonzeo t rida Statuti	y the corpora es.	ation's board of directors. I hereby accept the appoint	mitrient as re	Jistaroa	
·	,							
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE	Registered A	jent signature req	uired when reinstating) DATE			
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
TITLE	PD	☐ DELETE	1.1 T/TLE	: T	D	Change	☐ Addition	
NAME	GOLDSTEIN, PAUL		1.2 NAM	<b>.</b>	Paul Goldstein			
STREET ADORESS	A CALL DELICIO AL SENDIE			ET ADDRESS				
	ORLANDO FL 32806		1.4 C/TY	i				
CITY-ST-ZIP	D D D D D D D D D D D D D D D D D D D	☐ DELETE	2.1 TITLE		<u>c D</u>	Change	Addition	
TITLE	LINE FARAFUED TOUR	( Dette le		<u> </u>	c, D John Hillermeyer	92		
NAME	HILLENMEYER, JOHN		2.2 NAM		40 Kin 1			
STREET ADDRESS			2.3 STRI	ET ADORESS				
CITY-ST-ZIP	ORLANDO FL 32806		2.4 CITY	-ST-ZIP			T A date	
TITLE	D	DELETE	3.1 TITL	•	Robert MHarell	Change	Addition	
NAME	BOZARD, JOHN		3.2 NAM	E	1414 KUNI AVE			
STREET ADDRESS	1414 KUHL AVENDUE		3.3 STRI	ET ADDRESS	1414 KOKI MOC			
CITY-ST-ZIP	ORLANDO FL 32806		3.4. CITY	-ST-ZIP	Orlando, FL32806 Edward Cowley 1414 Kohl Ave			
TITLE	VP.T	D DETETS	4.1 TITLE	1	C.	☐ Change	Addition	
NAME	Jerry Kass	ceb (Hdd	4. 2 NAN	E	Edward Cowley		•	
STREET ADDRESS	1 (1.7) 1.1 1.1 1.10		43 STR	ET ADDRESS	1414 KORLAVE			
	DriandoFL	32806	4.4 CITY	ST. 710	Orlando FL32806 P, D Shannon Elswick	,		
CITY-ST-ZIP	U LANGUF L	Design A	5.1 TITL	- 31-ZIF	D. O	☐ Change	Addition	
TITLE	Robert Rowla	, , , d TAGL	5.7 NAM	-	SMANUON ELSWICK		7	
NAME	Rober Now			EET ADDRESS	1414 KUHI AUR			
STREET ADDRESS	1919 KUN1 40	3 3 0 m/		EI ADDRESS	Orlando FL32866			
CITY-ST-ZIP	Orlando FL		5.4 CITY				<del>(1</del>	
TITLE	VP - 1 harile	1- DELETE	6.1 TITL	1	VP.	Change	Addition	
NAME	Joan Fulbright	A CTOS	62 NAM	E \	Karl Hodges			
STREET ADDRESS	11414 KUKI AU	2	6.3 STR	ET ADDRESS	1414 KUNI Ave			
CITY-ST-ZIP	Dr. ando 1	=L32866	6.4 CITY	- \$T-ZIP	Orlando FL32806			

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

INTED NAME OF SIGNING OFFICER OR DIRECTOR