


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 01, 2007 08:00 AM
Secretary of State**

DOCUMENT # 717180 1. Entity Name PENTHOUSE HIGHLANDS ASSOCIATION, INC.	
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Principal Place of Business 3100 S OCEAN BLVD A1A HIGHLAND BEACH, FL 33487	Mailing Address 3100 S OCEAN BLVD A1A HIGHLAND BEACH, FL 33487
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01302007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1280362	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MACAULAY, CLIFFORD 3100 S OCEAN BLVD APT 610 HIGHLAND BEACH, FL 33487

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CIASARDINI, ANTHONY 3100 S OCEAN BLVD 502 HIGHLAND BEACH, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2VP DEBONIS, DONALD 3100 SOUTH OCEAN BOULEVARD SUITE 606 HIGHLAND BEACH, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CIAFARDINI, ANTHONY 3100 S. OCEAN BLVD., #502 HIGHLAND BEACH, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MACAULAY, CLIFFORD 3100 S. OCEAN BLVD. 610 HIGHLAND BEACH, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS JOSEPH, ELLEN 3100 S OCEAN BLVD 400 HIGHLAND BEACH, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PATRICK, JANICE 3100 S OCEAN BLVD 716 HIGHLAND BEACH, FL 33487

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02/06/07-80074-018 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Clifford Macaulay 1-30-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #