

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90042 010 ****61.25

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|---|--------------------------|--|---|--|--|
| DOCUMENT # 725926 | | | | | |
| 1. Entity Name HIGHLANDS HOMEOWNERS' ASSOCIATION, INC. | | | | | |
| Principal Place of Business 2884 S. OSCEOLA AVE. ORLANDO, FL 32806 US | | Mailing Address 2884 S. OSCEOLA AVE. ORLANDO, FL 32806 US | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 01272007 Chg-NP CR2E037 (12/06) | |
| Zip | | Country | | 4. FEI Number 59-1462898 | |
| | | | | 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 | | | 7. Name and Address of New Registered Agent | | |
| MCCULLOH, NEAL 1065 MAITLAND CENTER COMMONS BLVD MAITLAND, FL 32751 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL Zip Code | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when re-registering) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete | TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PAIGE, HINTON | | NAME | Colombo, George | |
| STREET ADDRESS | 202 SILVER SEA RD | | STREET ADDRESS | 635 Marni Dr. | |
| CITY-ST-ZIP | WINTER SPRINGS, FL 32708 | | CITY-ST-ZIP | Winter Springs, FL 32708 | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BUSCEMI, PAUL | | NAME | Megow, Janet | |
| STREET ADDRESS | 629 CLEARN CT. | | STREET ADDRESS | 100 Mgrce Loop, #17 | |
| CITY-ST-ZIP | WINTER SPRINGS, FL 32708 | | CITY-ST-ZIP | Winter Springs, FL 32708 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete | TITLE | TD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DAVIS, STEPHEN | | NAME | Graham, Jack | |
| STREET ADDRESS | 720 GALLOWAY CT | | STREET ADDRESS | 667 Nighthawk Cir. | |
| CITY-ST-ZIP | WINTER SPRINGS, FL 32708 | | CITY-ST-ZIP | Winter Springs, FL 32708 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete | TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SCHWARZ, HELGA | | NAME | Alger, James | |
| STREET ADDRESS | 720 GALLOWAY CT | | STREET ADDRESS | 714 Galloway Ter. | |
| CITY-ST-ZIP | WINTER SPRINGS, FL 32708 | | CITY-ST-ZIP | Winter Springs, FL 32708 | |
| TITLE | P | <input checked="" type="checkbox"/> Delete | TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | STEWART, MARY | | NAME | Chmura, Larry | |
| STREET ADDRESS | 424 MCGREGOR RD. | | STREET ADDRESS | 634 Jeffrey Ct. | |
| CITY-ST-ZIP | WINTER SPRINGS, FL 32708 | | CITY-ST-ZIP | Winter Springs, FL 32708 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RAMIREZ, FERNANDO | | NAME | | |
| STREET ADDRESS | 204 SILVER SEA RD | | STREET ADDRESS | | |
| CITY-ST-ZIP | WINTER SPRINGS, FL 32708 | | CITY-ST-ZIP | | |
| 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 lines empowered. | | | | | |
| SIGNATURE: | | | Date: 10/04/07 | | Daytime Phone #: 407 468-5857 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date</small> | | <small>Daytime Phone #</small> |