

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755501

FILED
Mar 17, 2006
Secretary of State

Entity Name: HIGHLAND LAKES DUPLEX VILL. I HOMEOWNERS' ASSOC.

Current Principal Place of Business:

4174 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

New Principal Place of Business:

32708 U S 19 NORTH
PALM HARBOR, FL 34684 US

Current Mailing Address:

4174 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

New Mailing Address:

32708 U S 19 NORTH
PALM HARBOR, FL 34684 US

FEI Number: 59-2192600

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIRST CHOICE ASSOC. MANAGEMENT
4174 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

Name and Address of New Registered Agent:

BROWN, MARJORIE J
32708 U S HIGHWAY 19 NORTH
PALM HARBOR, FL 34684 US

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.

SIGNATURE: MARJORIE J. BROWN

03/17/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: FOSTER, PHYLLIS
Address: 3444 MCCLAREN DRIVE
City-St-Zip: PALM HARBOR, FL 34684

Title: PD () Delete
Name: BOUCHARD, JAMES
Address: 3454 MACLAREN DR.
City-St-Zip: PALM HARBOR, FL 34684

Title: TD () Delete
Name: MEYERS, WILLIAM
Address: 3440 MAC LAREN DR.
City-St-Zip: PALM HARBOR, FL 34684

Title: VPD () Delete
Name: MCCLELLAND, GENE
Address: 3451 MCLAREN DR
City-St-Zip: PALM HARBOR, FL 34684

Title: D () Delete
Name: LARGE, WALTER
Address: 3442 MACLAREN DR.
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: BOUCHARD, JAMES
Address: 3454 MACLAREN DR.
City-St-Zip: PALM HARBOR, FL 34684

Title: PD (X) Change () Addition
Name: MYERS, WILLIAM
Address: 3440 MAC LAREN DR.
City-St-Zip: PALM HARBOR, FL 34684

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARJORIE J. BROWN

RA

03/17/2006

Electronic Signature of Signing Officer or Director

Date