

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755501

FILED  
Apr 14, 2007  
Secretary of State

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

**Current Principal Place of Business:**

32708 U S 19 NORTH  
PALM HARBOR, FL 34684 US

**New Principal Place of Business:**

**Current Mailing Address:**

32708 U S 19 NORTH  
PALM HARBOR, FL 34684 US

**New Mailing Address:**

**FEI Number:** 59-2192600

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

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

Title: PD ( ) Delete  
Name: MYERS, 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: ELLISON, BRUCE  
Address: 3123 SWAN LANE.  
City-St-Zip: SAFETY HARBOR, FL 34689

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

Title: PD (X) Change ( ) Addition  
Name: LARGE, WALTER  
Address: 3442 MACLAREN DR.  
City-St-Zip: PALM HARBOR, FL 34684

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

04/14/2007

Electronic Signature of Signing Officer or Director

Date