


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90027 047 ****70.00

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1. Entity Name
SCOTTISH HIGHLANDS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**ONE SCOTTISH HIGHLANDS BLVD.
 LEESBURG, FL 34788**

Mailing Address
**ONE SCOTTISH HIGHLANDS BLVD.
 LEESBURG, FL 34788**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03192008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2270472

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WEAN, PAUL P.A.
 646 E COLONIAL DR.
 ORLANDO, FL 32803**

7. Name and Address of New Registered Agent

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

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	DALEY, ROBERT	
STREET ADDRESS	2310 BONNIE VIEW CT	
CITY-ST-ZIP	LEESBURG, FL 34788	
TITLE	P	<input type="checkbox"/> Delete
NAME	HILL, EDMUND	
STREET ADDRESS	514 GALLOWAY CT	
CITY-ST-ZIP	LEESBURG, FL 34788	
TITLE	S	<input type="checkbox"/> Delete
NAME	HARTZELL, MARILYN	
STREET ADDRESS	608 FANNICH CT	
CITY-ST-ZIP	LEESBURG, FL 34788	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHMIDT, KENNETH	
STREET ADDRESS	70 STONEHAVEN	
CITY-ST-ZIP	LEESBURG, FL 34788	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, DON	
STREET ADDRESS	1014 DUNDEE CIRCLE	
CITY-ST-ZIP	LEESBURG, FL 34788	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LONGNECKER, JUNE	
STREET ADDRESS	1306 MORAY CT	
CITY-ST-ZIP	LEESBURG, FL 34788	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 like empowered.

SIGNATURE: Edmund S Hill 3/28/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #