

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002917

FILED  
Apr 04, 2007  
Secretary of State

**Entity Name:** HIGHLAND GLEN OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

8009 S. ORANGE AVE.  
ORLANDO, FL 32809

**New Principal Place of Business:**

**Current Mailing Address:**

8009 S. ORANGE AVE.  
ORLANDO, FL 32809

**New Mailing Address:**

**FEI Number:** 27-0068141

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LELAND MANAGEMENT  
8009 S. ORANGE AVE.  
ORLANDO, FL 32809 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: PD ( ) Delete  
Name: WILFORD, DONALD  
Address: 5150 BELFORT B-700  
City-St-Zip: JACKSONVILLE, FL 32256

Title: SD ( ) Delete  
Name: WILLIAMS, SHERRI  
Address: 5150 BELFORT RD BLDG 700  
City-St-Zip: JACSKONVILLE, FL 32256

Title: VD ( ) Delete  
Name: ANDERSON, TIM  
Address: 5150 BELFONT ROAD, BLDG 700  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: WILFORD, DONALD  
Address: 14785 OLD ST. AUGUSTINE RD #3  
City-St-Zip: JACKSONVILLE, FL 32258

Title: VD (X) Change ( ) Addition  
Name: ANDERSON, TIM  
Address: 14785 OLD ST. AUGUSTINE RD #3  
City-St-Zip: JACSKONVILLE, FL 32258

Title: STD (X) Change ( ) Addition  
Name: WILLIAMS, SHERRY  
Address: 14785 OLD ST. AUGUSTINE RD #3  
City-St-Zip: JACKSONVILLE, FL 32258

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: DON WILFORD

PD

04/04/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date