2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004274

FILED Feb 17, 2005 Secretary of State

Entity Name: HIGHLAND HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

% BLOSSOM HOLDINGS, LLC 904 W. RISK S

1390 LAKE JOSEPHINE DR PLANT CITY, FL 33563

SEBRING, FL 33875

Current Mailing Address: New Mailing Address:

% BLOSSOM HOLDINGS, LLC 904 W. RISK ST.

1390 LAKE JOSEPHINE DR PLANT CITY, FL 33563

SEBRING, FL 33875

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

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

HIGH, S. PATRICK

8 BLOSSOM HOLDINGS, LLC

ROE, ED PRES
904 W. RISK ST.

1390 LAKE JOSEPHINE DR PLANT CITY, FL 33563 US

SEBRING, FL 33875 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: ED ROE 02/17/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D () Delete Title: D (X) Change () Addition

Name: HIGH, S. PATRICK Name: ROE, ED PRES
Address: 1390 LAKE JOSEPHINE DR Address: 904 W. RISK ST.

Address: 1390 LAKE JOSEPHINE DR Address: 904 W. RISK ST.

City-St-Zip: SEBRING, FL 33875 City-St-Zip: PLANT CITY, FL 33563

 Name:
 HIGH, NANCY W
 Name:
 ANTONACCI, ROBERT VP

 Address:
 1390 LAKE JOSEPHINE DR
 Address:
 3646 TURKEY CREEK RD

 City-St-Zip:
 SEBRING, FL 33875
 City-St-Zip:
 PLANT CITY, FL 33567

Title: D () Delete Title: D (X) Change () Addition

 Name:
 BENNETT, RICHARD C
 Name:
 SMITH, PAUL SECT

 Address:
 4001 MCLANE DR
 Address:
 5015 PANDORA PL.

 City-St-Zip:
 TAMPA, FL 33610
 City-St-Zip:
 PLANT CITY, FL 33566

Title: () Delete Title: D () Change (X) Addition
Name: Name: NEIDRINGHAUS, AMY TREAS
Address: Address: 3612 BLOSSOM COUNTRY TRAIL

City-St-Zip: City-St-Zip: PLANT CITY, FL 33567

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ED ROE PRES 02/17/2005