

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006**  
**Secretary of State**

DOCUMENT# N04000004274

**Entity Name:** HIGHLAND HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

904 W. RISK ST  
PLANT CITY, FL 33563

**New Principal Place of Business:**

3609 PIONEER COUNTRY TRAIL  
PLANT CITY, FL 33567

**Current Mailing Address:**

904 W. RISK ST.  
PLANT CITY, FL 33563

**New Mailing Address:**

3609 PIONEER COUNTRY TRAIL  
PLANT CITY, FL 33567

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

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

ROE, ED PRES  
904 W. RISK ST.  
PLANT CITY, FL 33563 US

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

ROE, ED PRES  
3609 PIONEER COUNTRY TRAIL  
PLANT CITY, FL 33567 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 04/24/2006  
\_\_\_\_\_  
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ROE, ED PRES  
Address: 904 W. RISK ST.  
City-St-Zip: PLANT CITY, FL 33563

Title: D ( ) Delete  
Name: ANTONACCI, ROBERT VP  
Address: 3646 TURKEY CREEK RD  
City-St-Zip: PLANT CITY, FL 33567

Title: D ( ) Delete  
Name: SMITH, PAUL SECT  
Address: 5015 PANDORA PL.  
City-St-Zip: PLANT CITY, FL 33566

Title: D ( ) Delete  
Name: NEIDRINGHAUS, AMY TREAS  
Address: 3612 BLOSSOM COUNTRY TRAIL  
City-St-Zip: PLANT CITY, FL 33567

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

Title: D (X) Change ( ) Addition  
Name: ROE, ED PRES  
Address: 3609 PIONEER COUNTRY TRAIL  
City-St-Zip: PLANT CITY, FL 33567

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

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: ED ROE PRES 04/24/2006  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director Date