2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# N04000004274

Entity Name: HIGHLAND HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

3609 PIONEER COUNTRY TRAIL
PLANT CITY, FL 33567

New Principal Place of Business:

Current Mailing Address:

3609 PIONEER COUNTRY TRAIL
PLANT CITY, FL 33567

New Mailing Address:

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

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

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 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 04/09/2009

Electronic Signature of Signing Officer or Director Date