
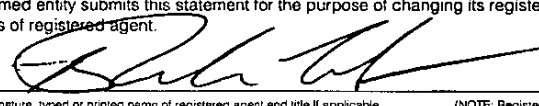
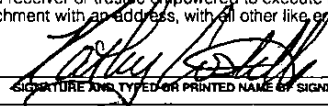


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2005 8:00 am
Secretary of State

08-26-2005 90003 018 ****61.25

DOCUMENT # N04000011149 1. Entity Name TOWNHOMES OF HIGHLAND PARK ASSOCIATION, INC.					
Principal Place of Business 325 SOUTH BLVD. TAMPA, FL 33606			Mailing Address 325 SOUTH BLVD. TAMPA, FL 33606		
2. Principal Place of Business 2005 Pan Am Circle Suite, Apt. #, etc. Suite 750 City & State Tampa FL Zip 33607 Country USA			3. Mailing Address 2005 Pan Am Circle Suite, Apt. #, etc. Suite 750 City & State Tampa, FL Zip 33607 Country USA		
4. FEI Number 20-2336768			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			07192005 Chg-NP CR2E037 (10/03)		
6. Name and Address of Current Registered Agent JAMES, JUDITH L 325 SOUTH BLVD. TAMPA, FL 33606			7. Name and Address of New Registered Agent Name Brian K. Lamb Street Address (P.O. Box Number is Not Acceptable) 2005 Pan Am Circle Suite 750 City Tampa FL Zip Code 33607		
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  Brian K. Lamb 7/19/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMATO, KEN 19433 WEYMOUTH DR. LAND O'LAKES, FL 34639	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 12952 N. Dale Mabry Hwy. Tampa, FL 33618	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRY, CRAIG 19433 WEYMOUTH DR. LAND O'LAKES, FL 34639	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kathy Costello 12952 N. Dale Mabry Hwy. Tampa, FL 33618	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTELIO, KATHY 19433 WEYMOUTH DR. LAND O'LAKES, FL 34639	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Eric Pasawicz 12952 N. Dale Mabry Hwy. Tampa, FL 33618	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 			8/9/05 813-920-5555 <small>Date Daytime Phone #</small>		

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