

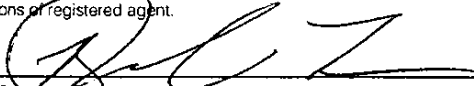


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2006 8:00 am
Secretary of State

09-07-2006 90015 015 ****61.25

DOCUMENT # N04000011149					
1. Entity Name TOWNHOMES OF HIGHLAND PARK ASSOCIATION, INC.					
Principal Place of Business 2005 PAN AM CIRCLE SUITE 750 TAMPA, FL 33607			Mailing Address 2005 PAN AM CIRCLE SUITE 750 TAMPA, FL 33607		
2. Principal Place of Business 2002 N LOIS AVE		3. Mailing Address 2002 N. LOIS AVE			
Suite, Apt. #, etc. STE 507		Suite, Apt. #, etc. STE 507			
City & State TAMPA FL		City & State TAMPA FL			
Zip 33607	Country USA	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	
6. Name and Address of Current Registered Agent LAMB, BRIAN K 2005 PAN AM CIRCLE, SUITE 750 TAMPA, FL 33607			7. Name and Address of New Registered Agent Name <u>LAMB BRIAN K.</u> Street Address (P.O. Box Number is Not Acceptable) <u>2002 N. LOIS AVE STE 507</u> City <u>TAMPA</u> <u>FL</u> Zip Code <u>33607</u>		
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:  DATE: _____ <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 May 1, 2006		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 <input type="checkbox"/> Delete AMATO, KEN 12952 N DALE MABRY HWY TAMPA, FL 33618		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PASAWICZ, ERIC 12952 N DALE MABRY HWY TAMPA, FL 33618		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CASTELIO, KATHY <i>C wrong spelling</i> 12952 N DALE MABRY HWY TAMPA, FL 33618		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Costello, Kathy <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Kathy Costello</u>			Date <u>9/5/2006</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					