

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011149

FILED
Jul 05, 2007
Secretary of State

Entity Name: TOWNHOMES OF HIGHLAND PARK ASSOCIATION, INC.

Current Principal Place of Business:

2002 NORTH LOIS AVE
SUITE 507
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

2002 NORTH LOIS AVE
SUITE 507
TAMPA, FL 33607

New Mailing Address:

FEI Number: 20-2336768 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LAMB, BRIAN K
2002 NORTH LOIS AVE
SUITE 507
TAMPA, FL 33607 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: AMATO, KEN
Address: 12952 N DALE MABRY HWY
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: PASAWICZ, ERIC
Address: 12952 N DALE MABRY HWY
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: COSTELLO, KATHY
Address: 12952 N DALE MABRY HWY
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JAGANNATH, SALIGRAM
Address: 14535 COTSWOLDS DRIVE
City-St-Zip: TAMPA, FL 33626

Title: VP (X) Change () Addition
Name: LEFLAR, MARY
Address: 14608 BOURNEMOUTH ROAD
City-St-Zip: TAMPA, FL 33626

Title: ST (X) Change () Addition
Name: POTTS, JOANNE
Address: 14602 BOURNEMOUTH ROAD
City-St-Zip: TAMPA, FL 33626

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: JOANNE POTTS

ST

07/05/2007

Electronic Signature of Signing Officer or Director

Date