2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011149

FILED Feb 04, 2009 Secretary of State

Entity Name: TOWNHOMES OF HIGHLAND PARK ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2002 NORTH LOIS AVE 4131 GUNN HIGHWAY SUITE 507 TAMPA, FL 33618 TAMPA, FL 33607 **Current Mailing Address: New Mailing Address:** 2002 NORTH LOIS AVE 4131 GUNN HIGHWAY SUITE 507 TAMPA, FL 33618 TAMPA, FL 33607 FEI Number: 20-2336768 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LAMB, BRIAN K GARDNER, STEPHEN J 2002 NORTH LOIS AVE 101 SOUTH FRANKLIN STREET SUITE 507 SUITE 101 TAMPA, FL 33602 US 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: STEPHEN J GARDNER 02/04/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete POTTS, SANDRA ROGERS, LESLIE Name: Name: 14602 BOURNEMOUTH ROAD Address: 4131 GUNN HIGHWAY Address: City-St-Zip: TAMPA, FL 33626 City-St-Zip: TAMPA, FL 33618 Title: () Delete Title: (X) Change () Addition MOLINA, SYNTHIA Name: LEFLAR, MARY Name: Address: 14527 COTSWOLDS DRIVE Address: 4131 GUNN HIGHWAY City-St-Zip: TAMPA, FL 33626 City-St-Zip: TAMPA, FL 33618 Title: () Delete Title: (X) Change () Addition VEGA, MARIA Name: POTTS, SANDRA Name: 14628 BOURNEMOUTH DRIVE 4131 GUNN HIGHWAY Address: Address: City-St-Zip: TAMPA, FL 33626 City-St-Zip: TAMPA, FL 33618 () Change (X) Addition Title: () Delete Title: Name: Name: VEGA, MARIA 4131 GUNN HIGHWAY Address: Address: City-St-Zip: City-St-Zip: TAMPA, FL 33618 Title: () Delete Title: () Change (X) Addition MOLINA, SYNTHIA Name: Name: 4131 GUNN HIGHWAY Address: Address: City-St-Zip: City-St-Zip: TAMPA, FL 33618

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: LESLIE ROGERS P 02/04/2009