


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90180 029 ****70.00

DOCUMENT # N06000009704
 1. Entity Name
HIGH HOPES OF HIGHLAND LAKES, INC.



Principal Place of Business
25936 NEWCOMBE CIRCLE
LEESBURG, FL 34748

Mailing Address
25936 NEWCOMBE CIRCLE
LEESBURG, FL 34748

40050144



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04022007 Chg-NP CR2E037 (12/06)

4. FEI Number
83-0464701 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CUEN, CAROL M
25936 NEWCOMBE CIRCLE
LEESBURG, FL 34748

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	ULMER, JAQUELINE	26126 NEWCOMBE CIRCLE	LEESBURG, FL 34748	<input type="checkbox"/>
V	DONOVAN, KAY	5949 GRASS COURT	LEESBURG, FL 34748	<input type="checkbox"/>
RS	BOSWELL, JUDITH	5925 GRASS COURT	LEESBURG, FL 34748	<input type="checkbox"/>
S	WILLIAMS, MARY	25948 NEWCOMBE CIRCLE	LEESBURG, FL 34748	<input type="checkbox"/>
T	CUEN, CAROL	25936 NEWCOMBE CIRCLE	LEESBURG, FL 34748	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 *Carol M. Cuen*
CAROL M. CUEN, TREASURER

4/2/2007 *352-315-0001*