

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009704

FILED
Jan 17, 2009
Secretary of State

Entity Name: HIGH HOPES OF HIGHLAND LAKES, INC.

Current Principal Place of Business:

25936 NEWCOMBE CIRCLE
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

25936 NEWCOMBE CIRCLE
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 83-0464701 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUEN, CAROL M
25936 NEWCOMBE CIRCLE
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

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: P () Delete
Name: ULMER, JAQUELINE
Address: 26126 NEWCOMBE CIRCLE
City-St-Zip: LEESBURG, FL 34748

Title: V () Delete
Name: DONOVAN, KAY
Address: 5949 GRASS COURT
City-St-Zip: LEESBURG, FL 34748

Title: RS () Delete
Name: BOSWELL, JUDITH
Address: 5925 GRASS COURT
City-St-Zip: LEESBURG, FL 34748

Title: S () Delete
Name: WILLIAMS, MARY
Address: 25948 NEWCOMBE CIRCLE
City-St-Zip: LEESBURG, FL 34748

Title: T () Delete
Name: CUEN, CAROL
Address: 25936 NEWCOMBE CIRCLE
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CAROL M. CUEN

T

01/17/2009

Electronic Signature of Signing Officer or Director

_____ Date