


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90018 032 \*\*\*\*61.25

<b>DOCUMENT # N20220</b>					
1. Entity Name HIGHLAND FAIRWAYS PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 3222 HIGHLAND FAIRWAYS BLVD LAKELAND, FL 33810 US			Mailing Address 3222 HIGHLAND FAIRWAYS BLVD LAKELAND, FL 33810 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2794319	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DE FURIO, JAMES 101 E KENNEDY BLVD STW <del>1338</del> 3000 TAMPA, FL 33602			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			STW 3000		
			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: <i>James De Furio</i> James De Furio 2-2-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEST, JERRY		NAME	BUNDY, PATRICK L.	
STREET ADDRESS	3611 WILDCAT RUN		STREET ADDRESS	3284 Pebble Bend Drive	
CITY-ST-ZIP	LAKELAND, FL 33810		CITY-ST-ZIP	Lakeland, FL 33810	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOK, NEAL		NAME	SMUCKER, Larry	
STREET ADDRESS	3700 WILDCAT RUN		STREET ADDRESS	3728 Wildcat Run	
CITY-ST-ZIP	LAKELAND, FL 33810		CITY-ST-ZIP	Lakeland, FL 33810	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UTZMAN, DONALD		NAME		
STREET ADDRESS	3618 HIGHLAND FAIRWAYS BV		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33810		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WETZEL, RITA		NAME	HOAGLAND, ROBERT	
STREET ADDRESS	3585 HIGHLANDS FAIRWAYS BV		STREET ADDRESS	3104 Sand Trap Ct	
CITY-ST-ZIP	LAKELAND, FL 33810		CITY-ST-ZIP	Lakeland, FL 33810	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWLING, EDWARD		NAME		
STREET ADDRESS	3454 INNISBROOK		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33810		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALFORD, JACK		NAME	LEET, Jerry	
STREET ADDRESS	3152 SAND TRAP CT		STREET ADDRESS	3611 Wildcat Run	
CITY-ST-ZIP	LAKELAND, FL 33810		CITY-ST-ZIP	Lakeland, FL 33810	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Patrick L. Bundy</i> PATRICK L. BUNDY			Date: 2-4-04 859-2212 (8603)		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		



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