


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90044 007 ****61.25

DOCUMENT # N20220					
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
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DE FURIO, JAMES 201 E. KENNEDY BLVD STE 1460 TAMPA, FL 33602				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ <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, 2006		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 type="checkbox"/> Delete		TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUNDY, PATRICK L			NAME	
STREET ADDRESS	3284 PEBBLE END DRIVE			STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33810			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMUCKER, LARRY			NAME	
STREET ADDRESS	3728 WILDCAT RUN			STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33810			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAFFER, MILDRED			NAME	
STREET ADDRESS	3212 PRAIRIE DUNES CIRLE W.			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 type="checkbox"/> Addition
NAME	JOHNSON, GLENN			NAME	OSTERLUND, DONALD
STREET ADDRESS	3439 HIGHLAND FAIRWAYS BLVD			STREET ADDRESS	3517 Highland Fairways Blvd
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	BUSCHER, BERNARD A			NAME	
STREET ADDRESS	3828 WILDCAT RUN			STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33810			CITY-ST-ZIP	
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEET, JERRY			NAME	MINICHELLO, Thomas
STREET ADDRESS	3611 WILDCAT RUN			STREET ADDRESS	1865 Masters
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 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: <i>Thomas Minichello Pres.</i>				Date: 2-5-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 863 892212	
Thomas Minichello, Pres					

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4. FEI Number 59-2794319 Applied For Not Applicable

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

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