2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002014

FILED Feb 23, 2009 Secretary of State

Entity Name: HIGHLAND LAKES ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:			New Prin	New Principal Place of Business:	
1510 N BRO BARTOW,					
Current Mailing Address:			New Mai	New Mailing Address:	
PO BOX 2653 BARTOW, FL 33830					
FEI Number:	59-3101191	FEI Number Applied For ()	FEI Number Not App	plicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
480 S BRO BARTOW,	named entity :	US	rpose of changing	its registered office or registered agent, or both,	
SIGNATUR) [·				
0.014/11011		ic Signature of Registered Agen	t	 Date	
OFFICERS	AND DIREC	TORS:	ADDITIO	NS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () FUS, JOHN 2190 BOARDM BARTOW, FL 3		Title: Name: Address: City-St-Zip:	D (X) Change () Addition FUS, JOHN 2190 BOARDMAN RD. BARTOW, FL 33830	
Title: Name: Address: City-St-Zip:	D () CREASY, JAY 2170 BOARDM BARTOW, FL 3		Title: Name: Address: City-St-Zip:	V (X) Change () Addition CREASY, JAY 2170 BOARDMAN ROAD BARTOW, FL 33830	
Title: Name: Address: City-St-Zip:	S () FUS, JANET 2190 BOARDM BARTOW, FL (Title: Name: Address: City-St-Zip:	D (X) Change () Addition FUS, JANET 2190 BOARDMAN RD BARTOW, FL 33830	
Title: Name: Address: City-St-Zip:	V () BRETZ, GAIL 1720 BOSARG BARTOW, FL		Title: Name: Address: City-St-Zip:	P (X) Change () Addition BRETZ, GAIL 1720 BOSARGE DR BARTOW, FL 33830	
Title: Name: Address: City-St-Zip:	D () HUCKS, ELIZA 1735 BOSARG BARTOW, FL 3	E DR	Title: Name: Address: City-St-Zip:	S (X) Change () Addition HUCKS, ELIZABETH 1735 BOSARGE DR BARTOW, FL 33830	
Title: Name: Address: City-St-Zip:	T () CRAIG, NANCY 1770 BOSARG BARTOW, FL (E	Title: Name: Address: City-St-Zip:	()Change ()Addition	

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: NANCY CRAIG T 02/23/2009