

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001103

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**Entity Name:** HIGHLANDS GLEN HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

221 HIGHLANDS GLEN CIR  
WINTER SPRINGS, FL 32708 US

**New Principal Place of Business:**

**Current Mailing Address:**

221 HIGHLANDS GLEN CIR  
WINTER SPRINGS, FL 32708 US

**New Mailing Address:**

**FEI Number:** 59-3446145

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BANKES, TOM  
221 HIGHLANDS GLEN CIR  
WINTER SPRINGS, FL 32708 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: DS  
Name: PADEL, KRISTELL  
Address: 206 HIGHLANDS GLEN CIRCLE  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: DVP  
Name: TURCHIARELLI, TOM  
Address: 215 HIGHLANDS GLEN CIRCLE  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D  
Name: TUCKER, JENNIFER  
Address: 242 HIGHLANDS GLEN CIRCLE  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: PD  
Name: BANKES, TOM  
Address: 221 HIGHLANDS GLEN CIRCLE  
City-St-Zip: WINTER SPRINGS, FL 32708

I hereby 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 all other like empowered.

SIGNATURE: TOM BANKES

P

02/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date