


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT.

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90026 008 ****61.25

DOCUMENT # 723915 1. Entity Name HIGHLANDS OF TAM O'SHANTER CONDOMINIUM CLUSTER ONE INC. THE					
Principal Place of Business 6332 BLVD. OF CHAMPIONS NORTH LAUDERDALE, FL 33068 US			Mailing Address PO BOX 9519 CORAL SPRINGS, FL 33075 US		
2. Principal Place of Business SOUTHEAST CONDO MGMT. 2855 N. UNIVERSITY DR. STE 310 CORAL SPRINGS, FL 33065		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country US		4. FEI Number 59-1564599	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent SOUTHEAST CONDOMINIUM MGMT 2085 UNIVERSITY DR CORAL SPRINGS, FL 33071				7. Name and Address of New Registered Agent Name Street SOUTHEAST CONDO MGMT. 2855 N. UNIVERSITY DR. STE 310 CORAL SPRINGS, FL 33065 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 _____ <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, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	PDT MCGRATH, JOYCE 6332 BLVD OF CHAMPIONS N LAUDERDALE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCOTT, RAYMOND 6332 BLVD. OF CHAMPIONS NORTH LAUDERDALE, FL 33068	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CROTEAU, ELAINE 6332 BLVD. OF CHAMPIONS NORTH LAUDERDALE, FL 33068	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 <u><i>Joyce McGrath</i></u> MC GRATH <u>3/6/05</u> <u>9579718519</u>					

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