

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738178

FILED  
Mar 10, 2009  
Secretary of State

**Entity Name:** HIGHLAND LAKES CONDOMINIUM VI ASSOCIATION, INC.

**Current Principal Place of Business:**

2189 CLEVELAND ST  
STE 225  
CLEARWATER, FL 33765

**New Principal Place of Business:**

**Current Mailing Address:**

2189 CLEVELAND ST  
STE 225  
CLEARWATER, FL 33765

**New Mailing Address:**

**FEI Number:** 59-1723790

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEIGHTON, LENNARD  
2189 CLEVELAND ST  
STE 225  
CLEARWATER, FL 33765 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: VD ( ) Delete  
Name: GURGUI, DICK  
Address: 1335C QUEEN ANNE DRIVE  
City-St-Zip: PALM HARBOR, FL

Title: PD ( ) Delete  
Name: MURRAY, DAVID  
Address: 1339-C QUEEN ANNE DR.  
City-St-Zip: PALM HARBOR, FL 34684

Title: SD ( ) Delete  
Name: FAILLA, ANN  
Address: 1227-D QUEEN ANNE DR  
City-St-Zip: PALM HARBOR, FL

Title: TD ( ) Delete  
Name: ROZALES, DONNA  
Address: 1231-C QUEEN ANNE DR.  
City-St-Zip: PALM HARBOR, FL 34684

Title: D (X) Delete  
Name: GLENNON, EUGENE  
Address: 1223-C QUEEN ANNE DR  
City-St-Zip: PALM HARBOR, FL 34684

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DAVID MURRAY

PD

03/10/2009

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

\_\_\_\_\_  
Date