



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90016 035 ****61.25

DOCUMENT # 739131 1. Entity Name HIGHLAND LAKES CONDOMINIUM VII ASSOCIATION, INC.					
Principal Place of Business POST OFFICE BOX 1156 DUNEDIN, FL 34697-1156 US				Mailing Address POST OFFICE BOX 1156 DUNEDIN, FL 34697-1156 US	
2. Principal Place of Business 40347 US 19 N Suite, Apt. #, etc. Ste 229		3. Mailing Address 40347 US 19 N Suite, Apt. #, etc. Ste 229			
City & State Tarpon Springs FL Zip 34684		City & State Tarpon Springs FL Zip 34684		4. FEI Number 59-1750536	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBERT L. TANKEL, P.A. 1022 MAIN STREET SUITE D DUNEDIN, FL 34698				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 NAME STREET ADDRESS CITY-ST-ZIP	VPD ESKER, AL 1009D QUEEN ANNA DR. PALM HARBOR, FL 34684	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ESKER, AL 1009D QUEEN ANNE DR PALM HARBOR, FL 34684	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONOVER, TED 1001-B QUEEN ANNE DR PALM HARBOR, FL 34684	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHRADER, MARIE 1107 QUEEN ANNE DR PALM HARBOR, FL 34684	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOSCH, KATHLEEN 1115-B QUEENANNE DR PALM HARBOR, FL 34684	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAGARANGE, JUNG 1009-C QUEEN ANNE DR PALM HARBOR, FL 34684	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAGARANGE, JUNG 1009-C QUEEN ANNE DR PALM HARBOR, FL 34684	<input type="checkbox"/> Delete			
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: _____ 727-935-7730 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					