2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 16, 2004 8:00 am **DOCUMENT # 741399** Secretary of State 1. Entity Name 03-16-2004 90031 017 ****61.25 HIGHLAND LAKES CONDOMINIUM VIII ASSOCIATION. Principal Place of Business Mailing Address 32708 US 19 NORTH PALM HARBOR FL 34684 HL CONDO VIII 32708 US 19 NORTH PALM HARBOR FL 34684 **しまひゃひひひま** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-1792436 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CALIBER CONDOMINIUM MANAGEMENT IN C Street Address (P.O. Box Number is Not Acceptable) 32708 US 19 NORTH PALM HARBOR FL 34684 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. SD TITLE Delete TITLE ☐ Change ☐ Addition FULTON, PHILIP NAME LAPKA, LEONARD 6503 C. HIGHLAND BLVD 2846-D HIGHLANDS BLVD STREET ADDRESS STREET ADDRESS PALM HABOR FL CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR A 34684 TITLE ☐ Delete TITLE Change ... □ Addition BRAISTED, LEON NAME NAME 2850 A HIGHLAND BLVD STREET ADDRESS STREET ADDRESS PALM HABOR FL CITY-ST-ZIP CITY-ST-ZIP PD TITT F **⊠** Delete TITLE Change ☐ Addition MARIONNEAUX, LARRY NAME NAME MOSES, GERALD 2846-A HIGHLAND BLVD STREET ADDRESS STREET ADDRESS 6302 B HIGHLAND BLUD PALM HARBOR FL CITY-ST-ZIP CITY-ST-ZIP PACM HARBOR FL 34684 ☐ Delete TITLE Change 04 Addition GEROW, JAMES NAME 2815-D SHERBROOKE LN STREET ADDRESS STREET ADDRESS PALM HARBOR FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME HYAE, STUART 2815 C SHERBROOK LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PARM HARBOR TITI F ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED