## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2006 8:00 am Secretary of State

DOCUMENT # 742357  1. Entity Name HIGHLANDS SERTOMA CLUB, INC.					05-02-200	06 904 <b>3</b> 0 0	010 ****	61.25	
Principal Place of Business 140 S COMMERCE SEBRING, FL 33870 US		Mailing Address 140 S COMMERCE SEBRING, FL 33870 US				 Bible 31860 (800 81110 10	II BIGII BIBII BIBI	1151 1191: 611	11 <b>11: E</b> l 1 <b>11</b> 1
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01112006	Chg-NP	CR2E037	7 (11/05)	
City & State		City & State		4. FEI Numbe 59-180			$\rightarrow$	plied For t Applicable	
Zip	Country	Zip	Cox	untry	5. Certificate	of Status Desired		8.75 Add ee Required	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered A	gent	
SCHOMMER, NICHOLAS G., P.A.				Name					
329 S. CO SEBRING,			Street Address	(P.O. Box Numbe	er is Not Acceptab	le)			
	•			City			FL	Zip Code	Э
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 acce							and accept		
the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
	Signature, typed or printed name of registered agent	and little if applicable. (	NOTE: Registere	d Agent signature require	ed when reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election		inancing	\$5.00 May B Added to Fees		Make check orida Departr		
10.	Filing Fee is \$61.25	9. Election Trust Fur	Campaign F	inancing Lion.	\$5.00 May B Added to Fees		Make check Irida Departr	nent of St	ate
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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 11s, "holida Statutes." Author 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 ording that may not 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: .

MUM LOX
LATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

5/1/06 (863)382-1157 Date Oster Proce 9