


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 745422</b> 1. Entity Name <b>HIGHLAND HOUSE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>500 CATALINA ROAD COCOA BEACH FL 32931</b>			Mailing Address <b>PO BOX 321382 COCOA BEACH FL 32932 US</b>		
2. Principal Place of Business Suite, Apt #, etc.			3. Mailing Address Suite, Apt #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3060693</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RIGRMAN, MARILYN A 200 NORTH FIRST STREET COCOA BEACH FL 32931</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	
DATE				FILE NOW: FEE IS \$61.25 Due By May 1, 2005	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>				<b>\$5.00 May Be Added to Fees</b>	
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	PD ROMANO, STEVE 1 SOUTH ORLANDO AVENUE COCOA BEACH FL 32931	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD HELEN GHIMMIN, 500 CATALINA RD. #103 COCOA BEACH FL 32931	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	U000000211847 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/03/05-80002-015 61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS SEIBERT, JEANNE 311 JACK DRIVE COCOA BEACH FL 32931	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WESTFALL, JOAN 2071 BALI RD. COCOA BEACH FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ISAAC, DENBY 500 CATALINA DRIVE 303 COCOA BEACH FL 32931	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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)(f), 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:** *Jeanne Seibert* *Jeanne Seibert* 1-31-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #