


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

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90165 014 ****61.25

DOCUMENT # 759127	
1. Entity Name HIGHGATE A CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business STERLING MANAGEMENT 1701-B RICKENBACKER DRIVE SUN CITY CENTER FL 33573	Mailing Address STERLING MANAGEMENT 1701-B RICKENBACKER DRIVE SUN CITY CENTER FL 33573
--	--

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 59-2168926	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	---

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent DE FURIO, JAMES R 101 E KENNEDY BLVD SUITE 3000 TAMPA FL 33602

7. Name and Address of New Registered Agent Law Offices of James R. De Furio, P.A. 201 East Kennedy Boulevard Suite 1460 Tampa, Florida 33602
--

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)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD	NAME BURNS, RICHARD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 2206 HIGHCLERE CIR.	CITY-ST-ZIP SUN CITY CENTER FL 33573	
TITLE VPTD	NAME HOSTETTER, FRANK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 2210 HIGHCLERE CIR	CITY-ST-ZIP SUN CITY CENTER FL 33573	
TITLE SD	NAME ERWIN, DORIS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 2202 HIGHCLERE CIR	CITY-ST-ZIP SUN CITY CENTER FL 33573	
TITLE D	NAME MORGAN, EDNA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 901 HOLFORD CT	CITY-ST-ZIP SUN CITY CENTER FL 33573	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD	NAME Gruss, Donald	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2208 Highclere Cir.	CITY-ST-ZIP Sun City Center, FL 33573	
TITLE VPD	NAME Brown, Ruth	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2204 Highclere Cir.	CITY-ST-ZIP Sun City Center, FL 33573	
TITLE SD	NAME Corbin, Linda	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2216 Highclere Cir.	CITY-ST-ZIP Sun City Center, FL 33573	
TITLE TD	NAME Hostetter Frank	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2210 Highclere Cir.	CITY-ST-ZIP Sun City Center, FL 33573	
TITLE D	NAME Florio, Sylvia	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2203 Highclere Cir.	CITY-ST-ZIP Sun City Center, FL 33573	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

72 APR 05 813-634-4619