

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90319 012 ****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**

40071665



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02162006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2168926

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LAW OFFICES OF JAMES R. DE FURIO, P.A.
201 EAST KENNEDY BOULEVARD
SUITE 1460
TAMPA, FL 33602**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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	SD	<input checked="" type="checkbox"/> Delete
NAME	CORBIN, LINDA	
STREET ADDRESS	2216 HIGHCLERE CIR	
CITY- ST- ZIP	SUN CITY CENTER, FL 33573	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HOSTETTER, FRANK	
STREET ADDRESS	2210 HIGHCLERE CIR	
CITY- ST- ZIP	SUN CITY CENTER, FL 33573	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FLORIO, SYLVIA	
STREET ADDRESS	2203 HIGHCLERE CIR	
CITY- ST- ZIP	SUN CITY CENTER, FL 33573	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GRUSS, DONALD	
STREET ADDRESS	2208 HIGHCLERE CIR	
CITY- ST- ZIP	SUN CITY CENTER, FL 33573	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BROWN, RUTH	
STREET ADDRESS	2204 HIGHCLERE CIR	
CITY- ST- ZIP	SUN CITY CENTER, FL 33573	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Corbin, Linda	
STREET ADDRESS	2216 Highclere Cir.	
CITY- ST- ZIP	Sun City Center, FL 33573	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gilbranson, Alan	
STREET ADDRESS	2206 Highclere Cir.	
CITY- ST- ZIP	Sun City Center, FL 33573	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Doherty, Janet	
STREET ADDRESS	910 Holford Ct.	
CITY- ST- ZIP	Sun City Center, FL 33573	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McDorman, James	
STREET ADDRESS	2214 Highclere Cir.	
CITY- ST- ZIP	Sun City Center, FL 33573	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Florio, Sylvia	
STREET ADDRESS	2203 Highclere Cir.	
CITY- ST- ZIP	Sun City Center, FL 33573	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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:

Linda Corbin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/06

Date

633-8415

Daytime Phone #