
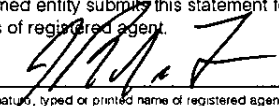
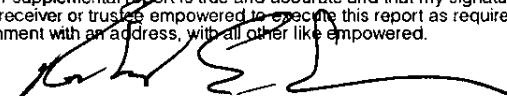


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-04-2005 90166 049 \*\*\*\*61.25

<b>DOCUMENT # 759129</b> 1. Entity Name <b>HIGHGATE C CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>STERLING MANAGEMENT, INC</b> <b>1701-B RICKENBACKER DRIVE</b> <b>SUN CITY CENTER FL 33573</b>			Mailing Address <b>STERLING MANAGEMENT, INC</b> <b>1701-B RICKENBACKER DRIVE</b> <b>SUN CITY CENTER FL 33573</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2168931</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>DEFURIO, JAMES R ESQ.</b> <b>101 E KENNEDY BLVD</b> <b>STE 3000</b> <b>LARGO FL 33770</b>				<b>Law Offices of James R. De Furio, P.A.</b> <b>201 East Kennedy Boulevard</b> <b>Suite 1460</b> <b>Tampa, Florida 33602</b>	
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  DATE <b>4-12-05</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>ZUCH, TIM</b> <b>2108 HEMBURY PLACE</b> <b>SUN CITY CENTER FL 33573</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>Greene, Bob</b> <b>2101 Hembury Pl.</b> <b>Sun City Center, FL 33573</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GREENE, BOB</b> <b>2101 HEMBURY PLACE</b> <b>SUN CITY CENTER FL 33573</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>Forman, Ken</b> <b>2110 Holyhead Wy.</b> <b>Sun City Center, FL 33573</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CHEVALRIA, CHUCK</b> <b>2103 HOLYREAD WY</b> <b>SUN CITY CENTER FL 33573</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>Chevalier, Chuck</b> <b>2103 Holyhead Wy.</b> <b>Sun City Center, FL 33573</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>KERSCHNER, BARBARA</b> <b>2106 HOLY HEAD WY</b> <b>SUN CITY CENTER FL 33573</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>Kerschner, Barbara</b> <b>2106 Holyhead Wy.</b> <b>Sun City Center, FL 33573</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>JACOBY, JAMES</b> <b>2108 HOLYHEAD WY</b> <b>SUN CITY CENTER FL 33573</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Will, Ralph JR.</b> <b>2104 Hembury Pl.</b> <b>Sun City Center, FL 33573</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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)(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.					
SIGNATURE:  DATE <b>4/19/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					