

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 759129 1. Entity Name HIGHGATE C CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business STERLING MANAGEMENT, INC 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573			Mailing Address STERLING MANAGEMENT, INC 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	Zip	Country	4. FEI Number 59-2168931	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DEFURIO, JAMES R ESQ. 201 E KENNEDY BLVD STE 1460 TAMPA, FL 33602			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)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GREENE, BOB		NAME	U00000531400 05/06/06-80044-002 61.25	
STREET ADDRESS	2101 HEMBURY PLACE		STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	FORMAN, KEN		NAME		
STREET ADDRESS	2110 HOLYHEAD WAY		STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	CHEVALIER, CHUCK		NAME		
STREET ADDRESS	2103 HOLYHEAD WAY		STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	KERSCHNER, BARBARA		NAME		
STREET ADDRESS	2106 HOLY HEAD WY		STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	WILL, RALPH		NAME		
STREET ADDRESS	2104 HEMBURY PLACE		STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:			3/09/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		