


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90079 003 ****61.25

DOCUMENT # 759130 1. Entity Name HIGHGATE D 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 Office Address Sterling Management 1904 Clubhouse Drive Sun City Center, FL 33573		4. FEI Number 59-2251528	
3. Country United States		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01182008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent DEFURIO, JAMES R ESQ. 201 E KENNEDY BLD STE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME MOSER, JACK STREET ADDRESS 1006 HAILSHAM CR CITY-ST-ZIP SUN CITY CENTER, FL	<input checked="" type="checkbox"/> Delete	TITLE PD NAME Muriel Pennachio STREET ADDRESS 908 Hendon Ct. CITY-ST-ZIP Sun City Center, FL 33570	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE V NAME PENNACHIO, MURIEL STREET ADDRESS 908 HENDON CT CITY-ST-ZIP SUN CITY CENTER, FL	<input checked="" type="checkbox"/> Delete	TITLE V NAME Hester Grynne STREET ADDRESS 1106 Hailsham Circle CITY-ST-ZIP Sun City Center FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME JOHNSON, MARGARET STREET ADDRESS 904 HENDON CT CITY-ST-ZIP SUN CITY CENTER, FL	<input type="checkbox"/> Delete	TITLE D NAME Roberta Rowle STREET ADDRESS 1108 Hailsham Circle CITY-ST-ZIP Sun City Center FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME WOODWARD, JO STREET ADDRESS 902 HENDON COURT CITY-ST-ZIP SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME NEWPORT, HESTER STREET ADDRESS 1106 HAILSHAM CIRCLE CITY-ST-ZIP SUN CITY CENTER, FL 33573	<input checked="" 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	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 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: <u>Muriel Pennachio</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>3-7-08</u> Pres.	