

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-01-2006 90319 010 \*\*\*\*61.25

**DOCUMENT # 759131**

1. Entity Name  
**HIGHGATE E 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.

01182006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**59-2251554**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**LAW OFF. J. R. DE FURIO, P.A.  
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)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME MATHEWS, ROBERT ☒ Delete  
STREET ADDRESS 2202 HOLKHAM PLACE  
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE PD  
NAME Madonia, Frank ☐ Change ☒ Addition  
STREET ADDRESS 1101 Halton Ct.  
CITY-ST-ZIP Sun City Center, FL 33573

TITLE TD  
NAME ASHTON, DONALD ☐ Delete  
STREET ADDRESS 2201 HORSHAM PLACE  
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE VPD  
NAME Mathews, Robert ☐ Change ☒ Addition  
STREET ADDRESS 2202 Holkham Pl.  
CITY-ST-ZIP Sun City Center, FL 33573

TITLE SD  
NAME SCHAFER, JUDY ☐ Delete  
STREET ADDRESS 2204 HORSHAM PL.  
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE D  
NAME lacertosa, Helen ☐ Change ☒ Addition  
STREET ADDRESS 2202 Horsham Pl.  
CITY-ST-ZIP Sun City Center, FL 33573

TITLE VD  
NAME MADONIA, FRANK ☒ Delete  
STREET ADDRESS 1101 HALTON CT  
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME WEBER, CARL ☒ Delete  
STREET ADDRESS 2206 HORSHAM PL  
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

*Frank M. Madonia*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/06  
Date

928 9147  
Daytime Phone #