

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759131

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** HIGHGATE E CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

STERLING MANAGEMENT  
1904 CLUBHOUSE DR  
SUN CITY CENTER, FL 33573

**New Principal Place of Business:**

**Current Mailing Address:**

STERLING MANAGEMENT  
1904 CLUBHOUSE DR  
SUN CITY CENTER, FL 33573

**New Mailing Address:**

**FEI Number:** 59-2251554

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAW OFF. J. R. DE FURIO, P.A.  
201 E KENNEDY BLVD  
STE 1460  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

WETHERINGTON, HAMILTON, HARRISON & FAIR PA  
1010 N. FLORIDA AVE.  
TAMPA, FL 33602 US

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.

SIGNATURE: RONALD COTTERILL

04/30/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MATHEWS, ROBERT  
Address: 2202 HOLKHAM PLACE  
City-St-Zip: SUN CITY CENTER, FL 33573

Title: TD ( ) Delete  
Name: ASHTON, DONALD  
Address: 2201 HORSHAM PLACE  
City-St-Zip: SUN CITY CENTER, FL 33573

Title: SD ( ) Delete  
Name: SCHAFER, JUDY  
Address: 2204 HORSHAM PL.  
City-St-Zip: SUN CITY CENTER, FL 33573

Title: D ( ) Delete  
Name: LACERTOSA, HELEN  
Address: 2202 HORSHAM PL  
City-St-Zip: SUN CITY CENTER, FL 33573

Title: VD ( ) Delete  
Name: SAMMONS, ANN  
Address: 1106 HALTON CT  
City-St-Zip: SUN CITY CENTER, FL 33573

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SEXTON, ARLENE  
Address: 2204 HOLKHAM PLACE  
City-St-Zip: SUN CITY CENTER, FL 33573

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN L. MAY

MGR

04/30/2009

Electronic Signature of Signing Officer or Director

Date