


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-29-2008 90079 006 ****61.25

DOCUMENT # 765412 1. Entity Name HIGHGATE II CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business STERLING MANAGEMENT, INC 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573 US		Mailing Address STERLING MANAGEMENT, INC 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573 US	
2. Principal Place of Business - No P.O. Box # Sterling Management 1904 Clubhouse Drive City Sun City Center, FL 33573 Zip _____ Country _____		4. FEI Number 59-2459806 Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LAW OFF. J. R. DE FURIO, P.A. 201 E KENNEDY BLVD 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) DATE</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 RYAN, REGINALD <input type="checkbox"/> Delete STREET ADDRESS 2108 HARIESTON PL CITY-ST-ZIP SUN CITY CENTER, FL 33573	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME UD Kelly, Andrew STREET ADDRESS 2113 Harleston Place CITY-ST-ZIP Sun City Center FL 33573	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Darvanites Thomas STREET ADDRESS 2046 Heathfield Circle CITY-ST-ZIP Sun City Center FL 33573	
TITLE VD NAME ARVANITES, THOMAS <input checked="" type="checkbox"/> Delete STREET ADDRESS 2046 HEATHFIELD CIRCLE CITY-ST-ZIP SUN CITY CENTER, FL 33573	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE TD NAME IACOVAZZI, MICHEAL <input type="checkbox"/> Delete STREET ADDRESS 2024 HEATHFIELD CIRCLE CITY-ST-ZIP SUN CITY CENTER, FL 33573	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE SD NAME KNECHT, BRIAN <input type="checkbox"/> Delete STREET ADDRESS 1614 HOVINGTON CIR CITY-ST-ZIP SUN CITY CENTER, FL 33573	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE D NAME KELLY, ANDREW <input checked="" type="checkbox"/> Delete STREET ADDRESS 2113 HARLESTON PLACE CITY-ST-ZIP SUN CITY CENTER, FL 33573	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ 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: <i>Reginald Ryan, President</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>3/6/08</i> <small>Daytime Phone #</small>	