2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005
Secretary of State

DOCUMENT# N00000001291

Entity Name: HIGHLANDER ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 90-0015689 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
C/O SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SANDERS, KYLE
Address: 242 WESTMONTE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VPD ( ) Delete
Name: PARIS, JASON P
Address: 242 WESTMONTE DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SD ( ) Delete
Name: LYNCH, PAMELA K
Address: 242 WESTMONTE DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GARSZCZYNSKI, JASON
Address: 200 ROB ROY DR
City-St-Zip: CLERMONT, FL 34711

Title: VPD (X) Change ( ) Addition
Name: HOLDER, CARLYLE I
Address: 322 HEATHER HILLS DR
City-St-Zip: CLERMONT, FL 34711

Title: STD (X) Change ( ) Addition
Name: WILSON, KEN
Address: 710 ROB ROY DR
City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JASON GARSZCZYNSKI PD 04/13/2005

Electronic Signature of Signing Officer or Director — Date