



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90023 040 ****61.25

DOCUMENT # N00003004385	
1. Entity Name THE GARDENS AT HIGHLAND BEACH SOUTH HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 1113 1111 HIGHLAND BEACH DR. HIGHLAND BEACH FL 33487	Mailing Address 1111 HIGHLAND BEACH DR. HIGHLAND BEACH FL 33487
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	 Mr. Robert DeSimone 9 Laurel Ct. Oakland, NJ 07436
City & State	
Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number 65-1035441	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FORTANG, BERNARD 1111 HIGHLAND BEACH DR. HIGHLAND BEACH FL 33487	
7. Name and Address of New Registered Agent	
Name <i>Robert De Simone</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>1109 Highland Beach Drive</i>	
City <i>Highland Beach</i>	State <i>FL</i> Zip Code <i>33487</i>

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME FORTANG, BERNARD STREET ADDRESS 1111 HIGHLAND BEACH DR. CITY-ST-ZIP HIGHLAND BEACH FL 33487	<input checked="" type="checkbox"/> Delete	TITLE PD NAME Siegel, Nicole STREET ADDRESS 1113 Highland Beach Drive CITY-ST-ZIP Highland Beach FL 33487	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME SIEGEL, NICOLE STREET ADDRESS 1113 HIGHLAND BEACH DR. CITY-ST-ZIP HIGHLAND BEACH FL 33487	<input type="checkbox"/> Delete	TITLE VD NAME Christine Converse STREET ADDRESS 1111 Highland Beach Drive CITY-ST-ZIP Highland Beach FL 33487	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME SIMONE, ROBERT D STREET ADDRESS 1109 HIGHLAND BEACH DRIVE CITY-ST-ZIP HIGHLAND BEACH FL 33413	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST NAME LEVY, DAVID STREET ADDRESS 1115 HIGHLAND BEACH DRIVE CITY-ST-ZIP HIGHLAND BEACH FL 33487	<input 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
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 Section 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: *Robert De Simone* **4/25/07** **973-357-0577**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #