


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 A
Secretary of State

DOCUMENT # N00000004385	
1. Entity Name THE GARDENS AT HIGHLAND BEACH SOUTH HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 1113 HIGHLAND BEACH DR. HIGHLAND BEACH, FL 33487	Mailing Address MR. ROBERT DESIMONE 9 LAUREL CT. OAKLAND, NJ 07436
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01222008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1035441	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DE SIMONE, ROBERT
 1109 HIGHLAND BEACH DRIVE
 HIGHLAND BEACH, FL 33487

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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 _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000808505
 02/07/08-80052-005 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIEGEL, NICOLE 1113 HIGHLAND BEACH DRIVE HIGHLAND BEACH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CONVERSE, CHRISTINE 1111 HIGHLAND BEACH DRIVE HIGHLAND BEACH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMONE, ROBERT D 1109 HIGHLAND BEACH DRIVE HIGHLAND BEACH, FL 33413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LEVY, DAVID 1115 HIGHLAND BEACH DRIVE HIGHLAND BEACH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Robert Desimone* **Robert Desimone** 1/27/08 973-357-0577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #