2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006
Secretary of State

DOCUMENT# N00000005229

Entity Name: HIGHGATE AT KINGS RIDGE NEIGHBORHOOD ASOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3699021 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT, INC.
2180 W SR 434 SUITE 5000
LONGWOOD, FL 327795044 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: CARPENTER, ROY
Address: 3428 CAPLAND AVE
City-St-Zip: CLERMONT, FL 34711

Title: VPD ( ) Delete
Name: TIRRELL, LEN M
Address: 2215 ELVERSON AVE
City-St-Zip: CLERMONT, FL 34711

Title: SD ( ) Delete
Name: PEROZYNSKI, ROBERT
Address: 3427 CAPLAND AVE
City-St-Zip: CLERMONT, FL 34711

Title: TD ( ) Delete
Name: PURITZ, LAUREN
Address: 3443 CAPLAND AVE
City-St-Zip: CLERMONT, FL 34711

Title: D ( ) Delete
Name: LORTHRIDGE, CONNIE
Address: 2177 CAXTON AVE
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: PEROZYNSKI, BOB
Address: 3427 CAPLAND AVE
City-St-Zip: CLERMONT, FL 34711

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

Title: SD (X) Change ( ) Addition
Name: ELKINS, MIKE
Address: 3414 CHESSINGTON ST
City-St-Zip: CLERMONT, FL 34711

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

Title: D (X) Change ( ) Addition
Name: KAPLAN, JERRY
Address: 2195 DONEGAL AVE
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 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: BOB PEROZYNSKI PD 04/18/2006

Electronic Signature of Signing Officer or Director — Date