2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2009
Secretary of State

DOCUMENT# N00000005229

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

Current Principal Place of Business:

5955 T. G. LEE BLVD
SUITE 300
ORLANDO, FL 32822

New Principal Place of Business:

6972 LAKE GLORIA BLVD
ORLANDO, FL 32809 US

Current Mailing Address:

5955 T. G. LEE BLVD
SUITE 300
ORLANDO, FL 32822

New Mailing Address:

6972 LAKE GLORIA BLVD
ORLANDO, FL 32809 US

FEI Number: 59-3699021 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LELAND MANAGEMENT INC
5955 T. G. LEE BLVD
SUITE 300
ORLANDO, FL 32822 US

Name and Address of New Registered Agent:

LELAND MANAGEMENT INC
6972 LAKE GLORIA BLVD
ORLANDO, FL 32809 US

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: _____ 05/19/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

Title: VPD ( ) Delete
Name: OLDS, BARBARA
Address: 3490 CAPLAND AVE
City-St-Zip: CLERMONT, FL 34711

Title: SD ( ) Delete
Name: ELKINS, MIKE
Address: 3414 CHESSINGTON ST
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: KAPLAN, JERRY
Address: 2195 DONEGAL AVE
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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 05/19/2009
Electronic Signature of Signing Officer or Director — Date