


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90163 029 \*\*\*\*61.25

<b>DOCUMENT # N00532</b>	
<b>1. Entity Name</b> HIGHGATE III CONDOMINIUM ASSOCIATION, INC.	

<b>Principal Place of Business</b> STERLING MANAGEMENT 1701-B RICKENBACKER DRIVE SUN CITY CENTER FL 33573 US	<b>Mailing Address</b> STERLING MANAGEMENT 1701-B RICKENBACKER DRIVE SUN CITY CENTER FL 33573 US
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

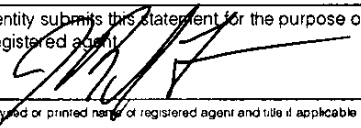


1st MOORE CR2E037 (10/04)

<b>4. FEI Number</b> 59-2529058	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  JAMES R. DEFURIO, ESQUIRE 101 E KENNEDY BLVD SUITE 3000 TAMPA FL 33602	<b>7. Name and Address of New Registered Agent</b>  Law Offices of James R. De Furio, P.A. 201 East Kennedy Boulevard Suite 1460 Tampa, Florida 33602
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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  DATE 4-12-05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> HASKAL, ROBERT 1901 HANSON CT SUN CITY CENTER FL 33573 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> Brenner, John 2111 Hailstone Cir. Sun City Center, FL 33573 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> GIEHLS, ROY 2140 HALLSTONE CIR SUN CITY CENTER FL 33573 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> Holstrom, Dale 2006 Halidom Way Sun City center, FL 33573 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> RIHERD, MARY ELLEN 2028 HULLHOUSE DR SUN CITY CENTER FL 33573 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> BEACHUM, GEORGE 2104 HARLEY WAY SUN CITY CENTER FL 33573 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> HENSOIM, DONALD 2008 HAMPSLEAD CIR. SUN CITY CENTER FL 33573 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> EATON, EDWARD C 2004 N HALYCON SUN CITY CENTER FL 33573 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> 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 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 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:**  **4-28-05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #