


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90319 007 ****61.25

DOCUMENT # N00532 1. Entity Name HIGHGATE III CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business STERLING MANAGEMENT 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573 US			Mailing Address STERLING MANAGEMENT 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2529058	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LAW OFFICES OF JAMES R DE FURIO, P.A. 201 EAST KENNEDY BLVD SUITE 1460 TAMPA, FL 33602				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2006		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HASKAL, ROBERT 1901 HANSON CT SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Hinszen, Donald 2008 Hampstead Cir. Sun City Center, FL 33573	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GIEHLS, ROY 2140 HALLSTONE CIR SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Holstrom, Dale 2006 Halidom Way Sun City Center, FL 33573	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RIHERD, MARY ELLEN 2028 HULLHOUSE DR SUN CITY CENTER, FL 33573	<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	D BEACHUM, GEORGE 2104 HARLEY WAY SUN CITY CENTER, FL 33573	<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	SD HENSOIM, DONALD 2008 HAMPSLEAD CIR. SUN CITY CENTER, FL 33573	<input checked="" 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	D BRENNER, JOHN 2111 HAILSTONE CIRCLE SUN CITY CENTER, FL 33573	<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 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 T Hasbell President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/14/2006 Date		
			633 1085 Daytime Phone #		