


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90361 011 ****61.25

DOCUMENT # N01000000788					
1. Entity Name HIGHLAND RIDGE HOMEOWNERS ASSOCIATION OF MINNEOLA, INC.					
Principal Place of Business P.O. BOX 654 MINNEOLA, FL 34755			Mailing Address P.O. BOX 654 MINNEOLA, FL 34755		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3690621	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, JIM 428 SHADY PINE CT MINNEOLA, FL 34715				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee Is \$61.25 Due by May 1, 2005		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 PD NAME PERREAULT, SHANE STREET ADDRESS 620 WESTVIEW DRIVE CITY-ST-ZIP CLERMONT, FL 34711	<input type="checkbox"/> Delete		TITLE PD NAME Perreault, Shane STREET ADDRESS 620 Westview Drive CITY-ST-ZIP Minneola, FL 34715	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME YEZMEN, CINDY STREET ADDRESS 424 SHADY PINE COURT CITY-ST-ZIP CLERMONT, FL 34711	<input type="checkbox"/> Delete		TITLE VD NAME Yezman, Cindy STREET ADDRESS 424 Shady Pine Ct CITY-ST-ZIP Minneola, FL 34715	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME BAKER, CAROL STREET ADDRESS 508 SUGAR PINE DRIVE CITY-ST-ZIP CLERMONT, FL 34711	<input type="checkbox"/> Delete		TITLE SD NAME Baker, Carol STREET ADDRESS 508 Sugar Pine Drive CITY-ST-ZIP Minneola, FL 34715	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME YURKO, DREW STREET ADDRESS 723 WESTVIEW DRIVE CITY-ST-ZIP CLERMONT, FL 34711	<input checked="" type="checkbox"/> Delete		TITLE TD NAME Miller, James STREET ADDRESS 428 Shady Pine Ct. CITY-ST-ZIP Minneola, FL 34715	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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 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: <u>J. D. Miller</u> JAMES D. MILLER			4-16-05 (352) 242-2362		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

50041290



03022005 Chg-NP CR2E037 (10/03)