2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2006
Secretary of State

DOCUMENT# N01000000788

Entity Name: HIGHLAND RIDGE HOMEOWNERS ASSOCIATION OF MINNEOLA, INC.

Current Principal Place of Business:

P.O. BOX 654
MINNEOLA, FL 34755

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 654
MINNEOLA, FL 34755

New Mailing Address:

FEI Number: 59-3690621 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER, JIM
428 SHADY PINE CT
MINNEOLA, FL 34715 US

Name and Address of New Registered Agent:

SAUNDERS, JOSEPH P
417 SHADY PINE CT
MINNEOLA, FL 34715 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: JOSEPH P. SAUNDERS 01/06/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PERREAULT, SHANE
Address: 620 WESTVIEW DRIVE
City-St-Zip: MINNEOLA, FL 34715

Title: VD ( ) Delete
Name: YEZMEN, CINDY
Address: 424 SHADY PINE COURT
City-St-Zip: MINNEOLA, FL 34715

Title: SD ( ) Delete
Name: BAKER, CAROL
Address: 508 SUGAR PINE DRIVE
City-St-Zip: MINNEOLA, FL 34715

Title: TD ( ) Delete
Name: MILLER, JAMES
Address: 428 SHADY PINE CT
City-St-Zip: MINNEOLA, FL 34715

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition
Name: ANDERSON, DEANNA
Address: 610 WESTVIEW DRIVE
City-St-Zip: MINNEOLA, FL 34715

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

Title: TD (X) Change ( ) Addition
Name: SAUNDERS, JOSEPH P
Address: 417 SHADY PINE CT
City-St-Zip: MINNEOLA, FL 34715

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: JOSEPH P SAUNDERS TD 01/06/2006
Electronic Signature of Signing Officer or Director Date