2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2011
Secretary of State

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

Current Principal Place of Business:

506 SHADY PINE COURT
MINNEOLA, FL 34715

New Principal Place of Business:

445 SHADY PINE CT
MINNEOLA, FL 34715

Current Mailing Address:

P.O. BOX 654
MINNEOLA, FL 34755

New Mailing Address:

PO BOX 654
MINNEOLA, FL 34755

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

Name and Address of Current Registered Agent:

BARBER, LAURA
506 SHADY PINE CT
MINNEOLA, FL 34715 US

Name and Address of New Registered Agent:

GILLETTE, BRENT
445 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: BRENT GILLETTE 02/09/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: GRIMM, DAVID
Address: 720 WESTVIEW DR
City-St-Zip: MINNEOLA, FL 34715

Title: VD
Name: DREBITKO, DENISE
Address: 502 SHADY PINE CT
City-St-Zip: MINNEOLA, FL 34715

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

Title: D
Name: BENIGNO, MICHELE
Address: 701 WESTVIEW DRIVE
City-St-Zip: MINNEOLA, FL 34715

Title: FD
Name: GILLETTE, BRENT
Address: 445 SHADY PINE CT
City-St-Zip: MINNEOLA, FL 34715

I hereby 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 all other like empowered.

SIGNATURE: BRENT GILLETTE FD 02/09/2011
Electronic Signature of Signing Officer or Director Date