


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000001859	
1. Entity Name HIGHLAND FAIRWAYS RESIDENT ACCOUNT, INC.	

Principal Place of Business 3222 HIGHLAND FAIRWAYS BLVD LAKELAND, FL 33810	Mailing Address 3222 HIGHLAND FAIRWAYS BLVD LAKELAND, FL 33810
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DO NOT WRITE IN THIS SPACE



01092007 No Chg-NP CR2E037 (4/06)

4. FBI Number 59-3709703	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DEFURIO, JAMES R
201 E KENNEDY BLVD
SUITE 1460
TAMPA, FL 33602-7800**

**DO NOT WRITE
IN THIS SPACE**

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  **James R. Defurio** **2-23-07**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000648052 03/06/07-80096-021 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIMON, EARL 3653 WILDCAT RUN LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMUCKER, LARRY 3728 WILDCAT RUN LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT BUSCHER, BERNARD A 3828 WILDCAT RUN LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCHAFFER, MILDRED C 3212 PRAIRIE DUNES CIRCLE W LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT RAILA, DORIS L 3231 BEAR CREEK LANE LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATT MILLER, REHA 3121 SAND TRAP CT. LAKELAND, FL 33810

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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 an other, or empowered.

SIGNATURE:  **BERNARD A. BUSCHER** **1/26/07** **863-858-2041**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #