2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2009
Secretary of State

DOCUMENT# N01000001859

Entity Name: HIGHLAND FAIRWAYS RESIDENT ACCOUNT, INC.

Current Principal Place of Business:

3222 HIGHLAND FAIRWAYS BLVD
LAKELAND, FL 33810

New Principal Place of Business:

Current Mailing Address:

3222 HIGHLAND FAIRWAYS BLVD
LAKELAND, FL 33810

New Mailing Address:

FEI Number: 59-3709703 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEFURIO, JAMES R
201 E KENNEDY BLVD
SUITE 1460
TAMPA, FL 336027800 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: VERBEKE, JUDITH
Address: 1939 PRIAIRE DUNES CIR N
City-St-Zip: LAKELAND, FL 33810

Title: T ( ) Delete
Name: SMUCKER, LARRY
Address: 3728 WILDCAT RUN
City-St-Zip: LAKELAND, FL 33810

Title: CT ( ) Delete
Name: BUSCHER, BERNARD C
Address: 3828 WILDCAT RUN
City-St-Zip: LAKELAND, FL 33810

Title: ST ( ) Delete
Name: SCHAFFER, MILDRED C
Address: 3212 PRAIRIE DUNES CIRCLE W
City-St-Zip: LAKELAND, FL 33810

Title: TT ( ) Delete
Name: RAILA, DORIS L
Address: 3231 BEAR CREEK LANE
City-St-Zip: LAKELAND, FL 33810

Title: ATT ( ) Delete
Name: MILLER, REHA
Address: 3121 SAND TRAP CT.
City-St-Zip: LAKELAND, FL 33810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: BERNARD C BUSCHER CT 03/15/2009

Electronic Signature of Signing Officer or Director — Date