


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90093 021 \*\*\*\*61.25

<b>DOCUMENT # N01079</b> 1. Entity Name HIGHLANDER IV AT PLACID LAKES COMMUNITIES HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 254 PINE FOREST DR UNIT 2 LAKE PLACID, FL 33852 US	Mailing Address 254 PINE FOREST DR. SILER CITY, NC 27344 US
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**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2374422	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SAWYER, NINA S. 5463 JEFFERSON AVE-N. <i>Placid Lake Blvd</i> LAKE PLACID, FL 33852	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____	DATE _____
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

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
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10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	SAWYER, DENNIS H.
STREET ADDRESS	5463 JEFFERSON AVE-N. <i>Placid Lake Blvd</i>
CITY-ST-ZIP	LAKE PLACID, FL
TITLE	S
NAME	SAWYER, NINA S
STREET ADDRESS	254 PINE FOREST DR
CITY-ST-ZIP	SILER CITY, NC 27344
TITLE	VD
NAME	BREWER, JACK
STREET ADDRESS	398 PINE COURT DR
CITY-ST-ZIP	SILER CITY, NC 27344
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 all other like empowered.

SIGNATURE: <i>Dennis H Sawyer President</i>	Date: <i>1/26/07</i>	Daytime Phone #: <i>919-742-3736</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		