


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90366 019 \*\*\*\*61.25

DOCUMENT # N02000000531 1. Entity Name HIGHWOODS PRESERVE PROPERTY OWNERS ASSOCIATION, INC.	
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Principal Place of Business ATTN: STEPHEN A. MEYERS 3111 W. MARTIN LUTHER KING BLVD., SUITE 300 TAMPA, FL 33607	Mailing Address 3100 SMOKETREE COURT SUITE 600 RALEIGH, NC 27604
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**60029958**



03202006 No Chg-NP CR2E037 (11/05)

4. FEI Number 01-0593672	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  MEYERS, STEPHEN A 3111 W. MARTIN LUTHER KING BLVD. SUITE 300 TAMPA, FL 33607
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**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 \_\_\_\_\_  
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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MEYERS, STEPHEN A <i>Cox, Lisa</i> 3111 W. MARTIN LUTHER KING BLVD. #300 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COLLIER, CHASE 3111 W. MARTIN LUTHER KING BLVD. #300 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WIGH, STEPHEN 3111 W. MARTIN LUTHER KING BLVD. #300 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP COX, LISA 3111 W. MARTIN LUTHER KING BLVD. #300 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MULLET, CHERYL <i>Cox, Lisa</i> 3111 W. MARTIN LUTHER KING BLVD. #300 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GRIMM, ALICE 3111 W. MARTIN LUTHER KING BLVD #300 TAMPA, FL 33607

**DO NOT WRITE  
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:**

*Lisa Cox*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/06 813-874-7000  
Date Daytime Phone #