

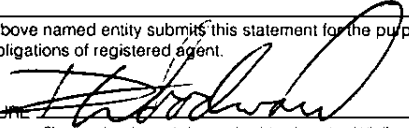
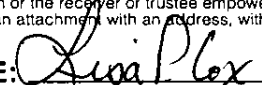


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90058 041 ****61.25

DOCUMENT # N02000000531					
1. Entity Name HIGHWOODS PRESERVE PROPERTY OWNERS ASSOCIATION, INC.				<div style="font-size: 24pt; font-weight: bold; transform: rotate(-10deg); position: absolute; top: 0; right: 0;">40021810</div> 	
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			
2. Principal Place of Business - No P.O. Box # Attn: Daniel E. Woodward Suite, Apt. #, etc. 3111 W. Martin Luther King Blvd., ste 300 City & State Tampa, FL Zip 33607		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		02072007 Chg-NP CR2E037 (12/06)	
4. FEI Number 01-0593672		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 MEYERS, STEPHEN A 3111 W. MARTIN LUTHER KING BLVD. SUITE 300 TAMPA, FL 33607			
7. Name and Address of New Registered Agent Name: Daniel E. Woodward Street Address (P.O. Box Number is Not Acceptable) 3111 W. Martin Luther King Blvd. Suite 300 City: Tampa FL Zip Code: 33607		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:  Daniel E. Woodward 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		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME COX, LISA STREET ADDRESS 3111 W. MARTIN LUTHER KING BLVD. #300 CITY-ST-ZIP TAMPA, FL 33607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME COLLIER, CHASE STREET ADDRESS 3111 W. MARTIN LUTHER KING BLVD. #300 CITY-ST-ZIP TAMPA, FL 33607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DP NAME WIGH, STEPHEN STREET ADDRESS 3111 W. MARTIN LUTHER KING BLVD. #300 CITY-ST-ZIP TAMPA, FL 33607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME COX, LISA STREET ADDRESS 3111 W. MARTIN LUTHER KING BLVD. #300 CITY-ST-ZIP TAMPA, FL 33607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME COX, LISA STREET ADDRESS 3111 W. MARTIN LUTHER KING BLVD. #300 CITY-ST-ZIP TAMPA, FL 33607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME GRIMM, ALICE STREET ADDRESS 3111 W. MARTIN LUTHER KING BLVD #300 CITY-ST-ZIP TAMPA, FL 33607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 P. Cox			813-876-7000 2/9/07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		