


**2004 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90026 018 ****61.25

DOCUMENT # N02000001397

1. Entity Name
HIGHLAND HARBOR HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
4110 S. FLORIDA AVE.
LAKELAND, FL 33813

Mailing Address
4110 S. FLORIDA AVE.
LAKELAND, FL 33813

94040074



2. Principal Place of Business
295 First Street, South
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03222004 Chg-NP CR2E037 (10/03)

City & State
Winter Haven FL

City & State

Zip
33880

Country

4. FEI Number
01-0658397

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ADAMS, ROBERT J
4110 S. FLORIDA AVE.
LAKELAND, FL 33813

7. Name and Address of New Registered Agent
Name
Carol Rhinehart
Street Address (P.O. Box Number is Not Acceptable)
295 First Street, South
City
Winter Haven FL Zip Code
33880

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 Carol C. Rhinehart CAROL C. RHINEHART 03/22/2004
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$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 NAME STREET ADDRESS CITY-ST-ZIP	DST WALSH, BRIAN 4110 S. FLORIDA AVE. LAKELAND, FL 33813 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/D Jim Schnitzius 5892 Driftwood Drive Winter Haven FL 33884 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ADAMS, ROBERT J 4110 S. FLORIDA AVE. LAKELAND, FL 33813 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jim Simpson 5862 Breakwater Drive Winter Haven FL 33884 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ADAMS, D. JOEL 4110 S. FLORIDA AVE. LAKELAND, FL 33813 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Scott Pringston 5790 Harbor Isle Blvd Winter Haven FL 33884 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Bob Daugherty 5750 Harbor Isle Blvd Winter Haven FL 33884 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/D Peter Lynch 5846 Breakwater Drive Winter Haven FL 33884 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 exemption stated in Section 119.07(3)(i), 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: [Signature] President 3/22/04 863/324-4363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #