2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State
03-29-2006 90116 040 ****61.25

DOCUMENT # N02000001397

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

Principal Place of Business	Mailing Address
295 FIRST STREET SOUTH WINTER HAVEN, FL 33880	295 FIRST STREET SOUTH WINTER HAVEN, FL 33880

01162006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
250 Avenue K, SW	250 Avenue K, SW
Suite, Apt. #, etc. Suite 103	Suite, Apt. #, etc. Suite 103
City & State Winter Haven FL	City & State Winter Haven FL
Zip 33880 Country USA	Zip 33880 Country USA

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

RHINEHART, CAROL
295 FIRST STREET, SOUTH
WINTER HAVEN, FL 33880

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
250 Avenue K, SW
Suite 103

City **FL** Zip Code

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 W Rhinehart 03-06-2006
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

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	PD SCHNITZIUS, JIM 5892 DRIFTWOOD DRIVE WINTER HAVEN, FL 33884	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Simpson, Mary 5862 Breakwater Drive Winter Haven FL 33884 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHEPHERD, JOE 5818 DRIFTWOOD DRIVE WINTER HAVEN, FL 33884	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Garnett, Monya 5802 Driftwood Drive Winter Haven FL 33884 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PFINGSTON, SCOTT 5720 HARBOR ISLE BLVD WINTER HAVEN, FL 33884	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Shepherd, Joe 5818 Driftwood Drive Winter Haven FL 33884 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HARPER, ALAN 5808 DRIFTWOOD DRIVE WINTER HAVEN, FL 33884	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ANDREWS, REBECCA 5830 DRIFTWOOD DRIVE WINTER HAVEN, FL 33884	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Andrews, Rebecca 5830 Driftwood Drive Winter Haven FL 33884 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Rebecca W Andrews 03-06-2006 863-581-2291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #