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Secretary of State
06-25-2007 90004 001 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000001397

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

40121687

Principal Place of Business	Mailing Address
3361 W. VINE STREET, STE. 208 KISSIMMEE, FL 34741	3361 W. VINE STREET, STE. 208 KISSIMMEE, FL 34741

05092007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State —	City & State
Zip / Country	Zip / 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	7. Name and Address of New Registered Agent
FLORIDA ASSOCIATION MANAGEMENT, INC. 3361 W. VINE ST., STE. 208 KISSIMMEE, FL 34741	Name Street Address (P.O. Box Number is Not Acceptable) 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 Debbie Boyd, LCAM 5/8/07
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 September 14, 2007

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	D SIMPSON, MARY 5862 BREAKWATER DR WINTER HAVEN, FL 33884	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Campbell, Jim 5844 Breakwater Drive Winter Haven, FL 33884
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	☐ Change ☒ Addition Jones, Bob 5816 Driftwood Drive Winter Haven, FL 33884
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SHEPHERD, JOE 5818 DRIFTWOOD DR WINTER HAVEN, FL 33884	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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	PD ANDREWS, REBECCA 5830 DRIFTWOOD DRIVE WINTER HAVEN, FL 33884	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BARNETT, MONYA 5812 DRIFTWOOD DR WINTER HAVEN, FL 33884	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

SIGN HERE

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.