

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001397

FILED
Sep 01, 2009
Secretary of State

Entity Name: HIGHLAND HARBOR HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

6039 CYPRESS GARDENS BLVD. #312
WINTER HAVEN, FL 33884

New Principal Place of Business:

Current Mailing Address:

6039 CYPRESS GARDENS BLVD. #312
WINTER HAVEN, FL 33884

New Mailing Address:

FEI Number: 01-0658397 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

THOMPSON, CHRISTIE
5824 DRIFTWOOD DR
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VOIGHT, MARY
Address: 5884 DRIFTWOOD DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: P () Delete
Name: CAMPBELL, JIM
Address: 5844 BREAKWATER DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: ANDREWS, REBECCA
Address: 5830 DRIFTWOOD DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: SCHNITZIUS, JAMES
Address: 5892 DRIFTWOOD DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: P () Delete
Name: THOMPSON, CHRISTIE
Address: 5824 DRIFTWOOD DR
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GERMAN, SUZANNE
Address: 5740 HARBOR ISLE BLVD
City-St-Zip: WINTER HAVEN, FL 33884

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JONES, LINDA
Address: 5816 DRIFTWOOD DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTIE THOMPSON

P

09/01/2009

Electronic Signature of Signing Officer or Director

Date