


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90045 050 \*\*\*\*61.25

<b>DOCUMENT # N02000001505</b>					
<b>1. Entity Name</b> HIGHLAND RIDGE HOMEOWNERS' ASSOCIATION OF MANATEE COUNTY, INC.					
<b>Principal Place of Business</b> P.O. BOX 452 ONECO, FL 34264 US			<b>Mailing Address</b> P.O. BOX 452 ONECO, FL 34264 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 04-3658392	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  PORGES HAMLIN KNOWLES & PROUTY, P.A. 1205 MANATEE AVENUE W. BRADENTON, FL 34205			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> BRADEN, JEAN <b>STREET ADDRESS</b> 4226 30TH LANE EAST <b>CITY-ST-ZIP</b> BRADENTON, FL 34208	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> HUNT, PAMELA <b>STREET ADDRESS</b> 3909 30TH LANE E <b>CITY-ST-ZIP</b> BRADENTON, FL 34208	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VPD <b>NAME</b> GAZDECKI, RANDY <b>STREET ADDRESS</b> 4226 32ND LANE EAST <b>CITY-ST-ZIP</b> BRADENTON, FL 34208	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VPD <b>NAME</b> WOODBURN, ROBERTO <b>STREET ADDRESS</b> 4007 32ND LANE E <b>CITY-ST-ZIP</b> BRADENTON, FL 34208	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> DAVIS, RENEE <b>STREET ADDRESS</b> 4215 30TH LANE EAST <b>CITY-ST-ZIP</b> BRADENTON, FL 34208	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> SD <b>NAME</b> KELLEY, OLGA <b>STREET ADDRESS</b> 4227 32ND LANE E. <b>CITY-ST-ZIP</b> BRADENTON, FL 34208	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> HUNT, PAMELA <b>STREET ADDRESS</b> 3909 30TH LANE EAST <b>CITY-ST-ZIP</b> BRADENTON, FL 34208	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> TD <b>NAME</b> FORBES, LEE <b>STREET ADDRESS</b> 3905 32ND LANE E <b>CITY-ST-ZIP</b> BRADENTON, FL 34208	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> CORBITT, JOHN T <b>STREET ADDRESS</b> 4219 32ND LANE EAST <b>CITY-ST-ZIP</b> BRADENTON, FL 34208	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> WOODBURN, ROBERT O <b>STREET ADDRESS</b> 4007 32ND LANE EAST <b>CITY-ST-ZIP</b> BRADENTON, FL 34208	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> DAVIS, RENEE <b>STREET ADDRESS</b> 4215 30TH LANE E <b>CITY-ST-ZIP</b> BRADENTON, FL 34208	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 an other like empowered.</b>					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2/20/06 Date Daytime Phone #		

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