

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001811

FILED
Apr 30, 2004
Secretary of State

Entity Name: HIGHLANDS CROSSING SUBDIVISION, PHASE 1, PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

200 LAKE MORTON DR.
LAKELAND, FL 33801

New Principal Place of Business:

PO BOX 159
HIGHLAND CITY, FL 33846

Current Mailing Address:

PO BOX 237
HIGHLAND CITY, FL 33846

New Mailing Address:

PO BOX 159
HIGHLAND CITY, FL 33846

FEI Number: 03-0392121

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, E. SNOW JR.
200 LAKE MORTON DR.
LAKELAND, FL 33801

Name and Address of New Registered Agent:

DESMOND, GARY, JAMES
6319 PROMINENCE POINT DRIVE
LAKELAND, FL 33813

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: GARY J. DESMOND

04/30/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOFTIN, WILLIAM H
Address: 5151 SOUTH LAKELAND DR., STE. 13
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: ROGERS, OSCAR W JR.
Address: 5431 U.S. 98 SOUTH
City-St-Zip: HIGHLAND CITY, FL 33846

Title: STD () Delete
Name: ROGERS, C. DANE
Address: 5431 U.S. 98 SOUTH
City-St-Zip: HIGHLAND CITY, FL 33846

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: LAMBERT, DAVID
Address: 6275 HIGHLAND RISE DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: V/D (X) Change () Addition
Name: JACKSON, BERNIE
Address: 6327 PROMINENCE POINT DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: T/D (X) Change () Addition
Name: DESMOND, GARY
Address: 6319 PROMINENCE POINT DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: S/D () Change (X) Addition
Name: RAEBIG, BILL
Address: 3636 WELSCH WAY
City-St-Zip: LAKELAND, FL 33813

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GARY DESMOND

T/D

04/30/2004

Electronic Signature of Signing Officer or Director

Date