2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2009
Secretary of State

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

Current Principal Place of Business:

PO BOX 159
HIGHLAND CITY, FL 33846

New Principal Place of Business:

6414 OAKPOINT DR
LAKELAND, FL 33813

Current Mailing Address:

PO BOX 159
HIGHLAND CITY, FL 33846

New Mailing Address:

FEI Number: 03-0392121 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HALEY, STAN
6414 OAKPOINT
LAKELAND, FL 33813 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: P ( ) Delete
Name: HALEY, STAN
Address: 6414 OAKPOINT DR
City-St-Zip: LAKELAND, FL 33813

Title: S ( ) Delete
Name: STEMPER, ELEANOR
Address: 6247 HIGHLAND RISE DR.
City-St-Zip: LAKELAND, FL 33813

Title: T ( ) Delete
Name: REGAN, BILLY
Address: 6243 HIGHEND RISE DR
City-St-Zip: LAKELAND, FL 33813

Title: D ( ) Delete
Name: KILLAM, JOHN
Address: 6279 HIGHLAND RISE DR
City-St-Zip: LAKELAND, FL 33813

Title: V ( ) Delete
Name: BERTUCCA, JIM
Address: 6523 BEAL LANE
City-St-Zip: LAKELAND, FL 33813

Title: D ( ) Delete
Name: HARDAWAY, LARRY
Address: 3605 WELSCH WAY
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HALEY, STANLEY
Address: 6414 OAKPOINT DR
City-St-Zip: LAKELAND, FL 33813

Title: D (X) Change ( ) Addition
Name: METTS, HUEY L
Address: 6516 BEAL LANE
City-St-Zip: LAKELAND, FL 33813

Title: T (X) Change ( ) Addition
Name: KRAMER, STEVE
Address: 6358 OAK POINT DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: D (X) Change ( ) Addition
Name: LASSETER, MATTHEW
Address: 6231 HIGHLAND RISE DR
City-St-Zip: LAKELAND, FL 33813

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

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: STANLEY HALEY P 03/03/2009

Electronic Signature of Signing Officer or Director — Date