

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000005142**

1. Entity Name  
**HIGHLAND OAKS NEIGHBORHOOD ASSOCIATION, INC.**



Principal Place of Business  
**2211 LAMPARILLA WAY SOUTH  
ST PETERSBURG, FL 33712**

Mailing Address  
**2211 LAMPARILLA WAY SOUTH  
ST PETERSBURG, FL 33712**



05182006 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**13-4214661**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**DENDY, BETTY J  
2211 LAMPARILLA WAY SOUTH  
ST PETERSBURG, FL 33712**

**DO NOT WRITE  
IN THIS SPACE**

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

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 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U000000569950  
07/13/06-800009-023 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME DENDY, BETTY J  
STREET ADDRESS 2211 LAMPARILLA WAY SOUTH  
CITY-ST-ZIP ST PETERSBURG, FL 33712

TITLE SD  
NAME JOHNSON, CHERYL  
STREET ADDRESS 2410 26 AVE SOUTH  
CITY-ST-ZIP ST PETERSBURG, FL 33712

TITLE TD  
NAME SAWYER, MILDRED W  
STREET ADDRESS 2340 26 AVE SOUTH  
CITY-ST-ZIP ST PETERSBURG, FL 33712

TITLE VP  
NAME JACKSON, LEONA F  
STREET ADDRESS 2035 29TH ST. SO.  
CITY-ST-ZIP SAINT PETERSBURG, FL 33712

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

*Betty J. Dendy* **Betty J. Dendy**

**6/14/06 727-3281188**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #