2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# N02000005142

Entity Name: HIGHLAND OAKS NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

2035 29TH ST S
ST PETERSBURG, FL 33712

New Principal Place of Business:

Current Mailing Address:

P O BOX 16814
ST PETERSBURG, FL 33733

New Mailing Address:

FEI Number: 13-4214661 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACKSON, LEONA F PD
2035 29TH ST S
ST PETERSBURG, FL 33712 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: PD ( ) Delete
Name: JACKSON, LEONA F
Address: 2035 29TH ST S
City-St-Zip: ST PETERSBURG, FL 33712

Title: SD ( ) Delete
Name: JOHNSON, CHERYL
Address: 2410 26 AVE S
City-St-Zip: ST PETERSBURG, FL 33712

Title: TD ( ) Delete
Name: SAWYER, MILDRED W
Address: 2340 26 AVE S
City-St-Zip: ST PETERSBURG, FL 33712

Title: VP ( ) Delete
Name: SMALL, DWIGHT
Address: 2425 LAMPARILLA WAY S
City-St-Zip: SAINT PETERSBURG, FL 33712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: JACKSON, LEONA , FAYE
Address: 2035 29TH STREET SOUTH
City-St-Zip: ST PETERSBURG, FL 33712

Title: SD (X) Change ( ) Addition
Name: JOHNSON, CHERYL
Address: 2410 26TH AVENUE SOUTH
City-St-Zip: ST PETERSBURG, FL 33712

Title: TD (X) Change ( ) Addition
Name: KENDRICK, THELMA
Address: 1830 29TH STREET SOUTH
City-St-Zip: ST PETERSBURG, FL 33712

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: LEONA F. JACKSON PD 03/11/2009

Electronic Signature of Signing Officer or Director — Date