

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90040 016 ****61.25

DOCUMENT # N02000006928					
1. Entity Name HIGHLAND CREST HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 822 HIGHLAND CREST LOOP LAKE WALES, FL 33853			Mailing Address 822 HIGHLAND CREST LOOP LAKE WALES, FL 33853		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 54-2080985	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORRAO, ANTHONY 822 HIGHLAND CREST LOOP LAKE WALES, FL 33853			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: Sec/Tre 1/21/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME OLOEN, CAMPBELL STREET ADDRESS 1056 HIGHLAND CREST LOOP CITY-ST-ZIP LAKE WALES, FL 33853	<input type="checkbox"/> Delete		TITLE VPD NAME Demers, Gerry STREET ADDRESS 966 Highland Crest Cir CITY-ST-ZIP Lake Wales, FL 33853	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE STD NAME CORRAO, ANTHONY STREET ADDRESS 822 HIGHLAND CREST LOOP CITY-ST-ZIP LAKE WALES, FL 33853	<input type="checkbox"/> Delete		TITLE D NAME Laijly, Rick STREET ADDRESS 973 Highland Crest Cir CITY-ST-ZIP Lake Wales, FL 33853	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VPD NAME LABONTE, CHRIS STREET ADDRESS 1008 HIGHLAND CREST CR. CITY-ST-ZIP LAKE WALES, FL 33853	<input checked="" type="checkbox"/> Delete		TITLE D NAME Hammack, Jack STREET ADDRESS 707 Highland Crest Loop CITY-ST-ZIP Lake Wales, FL 33853	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME GORDON, HUGH STREET ADDRESS 942 HIGHLAND CREST CR. CITY-ST-ZIP LAKE WALES, FL 33853	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME JACKSON, DONALD STREET ADDRESS 829 HIGHLAND CREST LOOP CITY-ST-ZIP LAKE WALES, FL 33853	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			Owen Campbell 1/21/08		
<small>SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			863-678-3642 <small>Daytime Phone #</small>		