

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008883

FILED
Apr 26, 2006
Secretary of State

Entity Name: HIGHLAND HILLS SOUTH HOMEOWNERS' ASSOCIATION OF POLK COUNTY, INC.

Current Principal Place of Business:

6001 HIGHLAND HILLS GATEWAY
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

6001 HIGHLAND HILLS GATEWAY
LAKELAND, FL 33813

New Mailing Address:

FEI Number: 57-1138633

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RISKIN, MICHAEL
6784 HIGH GROVE DRIVE
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: PRES () Delete
Name: CUPIT, CONRAD
Address: 6744 HIGH GROVE DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: VP () Delete
Name: RISKIN, MICHAEL
Address: 6784 HIGH GROVE DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: TRES () Delete
Name: BROWN, KIM
Address: 6797 HIGH KNOLL DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: SECT () Delete
Name: CULMER, BECKY
Address: 2809 HIGH WINDS LN
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: MICHAEL RISKIN

VP

04/26/2006

Electronic Signature of Signing Officer or Director

Date