

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90196 018 ****61.25

DOCUMENT # N03000002917 1. Entity Name HIGHLAND GLEN OWNERS ASSOCIATION, INC.			
Principal Place of Business 8809 S. ORANGE AVE. ORLANDO, FL 32809		Mailing Address 8809 S. ORANGE AVE. ORLANDO, FL 32809	
2. Principal Place of Business - No P.O. Box # 1555 Central Parkway		3. Mailing Address 1555 Central Parkway	
Suite, Apt. #, etc. Suite 603		Suite, Apt. #, etc. Suite 603	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32224		Zip 32224	
Country 		Country 	
4. FEI Number 27-0068141		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LELAND MANAGEMENT 8809 S. ORANGE AVE. ORLANDO, FL 32809		7. Name and Address of New Registered Agent Name William Howard Nicandri, Dees + Gilliam P.A. Street Address (P.O. Box Number is Not Acceptable) 14 East Bay Street City Jacksonville FL Zip Code 32202	
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  G. Alan Howard, President 4-21-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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 NAME STREET ADDRESS CITY-ST-ZIP	PD WILFORD, DONALD 14785 OLD ST. AUGUSTINE RD #3 JACKSONVILLE, FL 32258 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Frank Spirato <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 14785 Old St. Augustine Rd #3 Jacksonville, FL 32258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDERSON, TIM 14785 OLD ST. AUGUSTINE RD #3 JACKSONVILLE, FL 32258 <input checked="" 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	STD WILLIAMS, SHERRY 14785 OLD ST. AUGUSTINE RD #3 JACKSONVILLE, FL 32258 <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
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
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: 		4-17-08 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			