


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N04000000374		
1. Entity Name HIGHLAND PARK NEIGHBORHOOD ASSOCIATION, INC.		

FILED
08 SEP 25 PM 4:12

FLORIDA STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 2002 NORTH LOIS AVE SUITE 507 TAMPA, FL 33607	Mailing Address 2002 NORTH LOIS AVE SUITE 507 TAMPA, FL 33607
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2. Principal Place of Business - No P.O. Box # 4131 Gunn Hwy	3. Mailing Address 4131 Gunn Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.

08192008 Chg-NP CR2E037 (12/06)

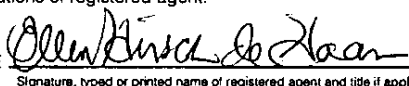
City & State Tampa, FL	City & State Tampa, FL
Zip 33618	Zip 33618
Country Hillsborough	Country Hillsborough

4. FEI Number 20-0738501	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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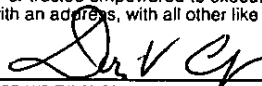
6. Name and Address of Current Registered Agent LAMB, BRIAN K 2002 NORTH LOIS AVE SUITE 507 TAMPA, FL 33607	
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7. Name and Address of New Registered Agent Ellen Hirsch de Haan Becker & Poliakoff, P.A. 311 Park Place Boulevard, Ste 250 Clearwater, FL 33759-3977	
City	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 	ELLEN HIRSCH DE HAAN, Esq. 9/4/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE	

Amended AR is \$61.25	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLERY, DOUGLAS 14633 CANOPY DRIVE TAMPA, FL 33626 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D 300136385383 09/26/08--01043--007 **\$61.25 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSEN, MICHAEL 14610 CANOPY DRIVE TAMPA, FL 33626 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST REEVES, DEBBIE 11510 PERFECT PLACE TAMPA, FL 33626 <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	D PETERS, ANITA 11102 ROSEATE DRIVE TAMPA, FL 33626 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D <input checked="" 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	D Potts, Sandra 14602 Boerne Mouth Rd. Tampa, FL 33626 <input type="checkbox"/> Change <input checked="" 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: 	DOUGLAS V CLERY	8/21/08	813 600-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #