


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90022 050 \*\*\*\*61.25

<b>DOCUMENT # N04000001651</b>	
1. Entity Name <b>HIGHLAND COMMUNITY VILLAS ASSOCIATION, INC.</b>	

Principal Place of Business <b>325 SOUTH BLVD TAMPA, FL 33606</b>	Mailing Address <b>325 SOUTH BLVD TAMPA, FL 33606</b>
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2. Principal Place of Business - No P.O. Box # <b>4174 Woodlands Pkwy</b> Suite, Apt. #, etc.	3. Mailing Address <b>4174 Woodlands Pkwy</b> Suite, Apt. #, etc.
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City & State <b>Palm Harbor FL</b>	City & State <b>Palm Harbor, FL</b>
Zip <b>34685</b>	Zip <b>34685</b>
Country	Country

02232007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>75-3203666</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>JAMES, JUDITH L 325 SOUTH BLVD TAMPA, FL 33606</b>	
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7. Name and Address of New Registered Agent Name <b>First Choice Assn Mgmt INC</b> Street Address (P.O. Box Number is Not Acceptable) <b>4174 Woodlands Pkwy</b> City <b>Palm Harbor</b> FL Zip Code <b>34685</b>	
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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 **JAMES NOLAN** DATE **2/23/07**  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JERNIGAN, GARY 6012 MARINERS WATCH DR TAMPA, FL 336154258</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JERNIGAN, MARY 6012 MARINERS WATCH DR TAMPA, FL 336154258</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D STEERS, GREG 6012 MARINERS WATCH DR TAMPA, FL 336154258</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:** **3-8-07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #