

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001651

FILED  
Feb 19, 2008  
Secretary of State

**Entity Name:** HIGHLAND COMMUNITY VILLAS ASSOCIATION, INC.

**Current Principal Place of Business:**

4174 WOODLANDS PKWY  
PALM HARBOR, FL 34685

**New Principal Place of Business:**

**Current Mailing Address:**

4174 WOODLANDS PKWY  
PALM HARBOR, FL 34685

**New Mailing Address:**

**FEI Number:** 75-3203666

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FIRST CHOICE ASSN MGMT INC  
4174 WOODLANDS PKWY  
PALM HARBOR, FL 34685 US

**Name and Address of New Registered Agent:**

NOLAN, JAMES  
FIRST CHOICE ASSN MGMT INC  
4174 WOODLANDS PKWY  
PALM HARBOR, FL 34685 US

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: JAMES NOLAN

02/19/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: JERNIGAN, GARY  
Address: 6012 MARINERS WATCH DR  
City-St-Zip: TAMPA, FL 336154258

Title: D ( ) Delete  
Name: JERNIGAN, MARY  
Address: 6012 MARINERS WATCH DR  
City-St-Zip: TAMPA, FL 336154258

Title: D ( ) Delete  
Name: STEERS, GREG  
Address: 6012 MARINERS WATCH DR  
City-St-Zip: TAMPA, FL 336154258

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: JERNIGAN, GARY  
Address: 4174 WOODLANDS PARKWAY  
City-St-Zip: PALM HARBOR, FL 34685

Title: D (X) Change ( ) Addition  
Name: JERNIGAN, MARY  
Address: 4174 WOODLANDS PARKWAY  
City-St-Zip: PALM HARBOR, FL 34685

Title: D (X) Change ( ) Addition  
Name: STEERS, GREG  
Address: 4174 WOODLANDS PARKWAY  
City-St-Zip: PALM HARBOR, FL 34685

I hereby certify that the information supplied with this filing does not qualify 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: JAMES NOLAN

AGEN

02/19/2008

Electronic Signature of Signing Officer or Director

Date