2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004274

FILED Apr 24, 2006 Secretary of State

Entity Name: HIGHLAND HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

904 W. RISK ST
PLANT CITY, FL 33563

Current Mailing Address:

New Principal Place of Business:

3609 PIONEER COUNTRY TRAIL
PLANT CITY, FL 33567

New Mailing Address:

904 W. RISK ST. 3609 PIONEER COUNTRY TRAIL PLANT CITY, FL 33563 PLANT CITY, FL 33567

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

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

ROE, ED PRES ROE, ED PRES 904 W. RISK ST. ROE, ED PRES 3609 PIONEER 0

904 W. RISK ST. 3609 PIONEER COUNTRY TRAIL PLANT CITY, FL 33563 US PLANT CITY, FL 33567 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: ED ROE 04/24/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 ROE, ED PRES
 Name:
 ROE, ED PRES

 Address:
 904 W. RISK ST.
 Address:
 3609 PIONEER COUNTRY TRAIL

 City-St-Zip:
 PLANT CITY, FL 33563
 City-St-Zip:
 PLANT CITY, FL 33567

Title: D () Delete Title: () Change () Addition Name: ANTONACCI, ROBERT VP Name:

 Name:
 ANTONACCI, ROBERT VP
 Name:

 Address:
 3646 TURKEY CREEK RD
 Address:

 City-St-Zip:
 PLANT CITY, FL 33567
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 SMITH, PAUL SECT
 Name:

 Address:
 5015 PANDORA PL.
 Address:

 City-St-Zip:
 PLANT CITY, FL 33566
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 NEIDRINGHAUS, AMY TREAS
 Name:

 Address:
 3612 BLOSSOM COUNTRY TRAIL
 Address:

 City-St-Zip:
 PLANT CITY, FL 33567
 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: ED ROE PRES 04/24/2006