2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

DOCUMENT# N04000007673

Entity Name: FLORIANNA HIGHLANDS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2103 LUSITANIA DRIVE
SARASOTA, FL 34231

New Principal Place of Business:

4793 BAYCEDAR LANE
SARASOTA, FL 34241

Current Mailing Address:

PO BOX 15736
SARASOTA, FL 34277 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

VITALE, RALPH A
2103 LUSITANIA DRIVE
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

VITALE, RALPH A
4793 BAYCEDAR LANE
SARASOTA, FL 34241 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: RALPH A. VITALE 04/23/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P,S ( ) Delete
Name: VITALE, RALPH A
Address: 2103 LUSITANIA DRIVE
City-St-Zip: SARASOTA, FL 34231 US

Title: VP ( ) Delete
Name: VITALE, PAM J
Address: 2103 LUSITANIA DRIVE
City-St-Zip: SARASOTA, FL 34231 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition
Name: VITALE, RALPH A
Address: 4793 BAYCEDAR LANE
City-St-Zip: SARASOTA, FL 34241 US

Title: VP (X) Change ( ) Addition
Name: VITALE, PAM J
Address: 4793 BAYCEDAR LANE
City-St-Zip: SARASOTA, FL 34241 US

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: RALPH A. VITALE PS 04/23/2007
Electronic Signature of Signing Officer or Director Date