2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04625

FILED Feb 23, 2006 Secretary of State

Entity Name: HIGHLAND HOUSE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
904 SE 5TH AVENUE DELRAY BEACH, FL 33483 US					
Current Mailing Address:			New Maili	New Mailing Address:	
904 SE 5TH DELRAY B	H AVENUE EACH, FL 3348	3 US			
FEI Number:	59-2507027	FEI Number Applied For ()	FEI Number Not Appli	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
DAGLER, JOSEPH M 904 SE 5TH AVENUE DELRAY BEACH, FL 33483 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:					
Electronic Signature of Registered Agent				Date	
OFFICERS	AND DIRECTO	ORS:	ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () D CORY, JOE 1107 A RUSSELL HIGHLAND BEAC	DRIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VPSD () D CICCARONE, FRA 1107 B RUSSELL HIGHLAND BEAC	ANCIS DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () D YAFFEE, LEE 1109 B RUSSELL HIGHLAND BEAC	DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () D CORRETTA, JOE 1111 A RUSSELL HIGHLAND BEACI	DRIVE	Title: Name: Address: City-St-Zip:	S (X) Change () Addition CORRETTA, JOE 1111 A RUSSELL DRIVE HIGHLAND BEACH, FL 33487	
Title: Name: Address: City-St-Zip:	D () D GORAL, RON 1111 B RUSSELL HIGHLAND BEAC	DRIVE	Title: Name: Address: City-St-Zip:	D (X) Change () Addition SCHACHTER, STEVEN 1109 B RUSSELL DRIVE HIGHLAND BEACH, FL 33487	
Title: Name: Address: City-St-Zip:	D (X) D SCHACHTER, STE 1109 B RUSSELL HIGHLAND BEAC	EVEN DR DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
				r the for the exemption stated in Chapter 119, 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: JOE CORY PD 02/23/2006