

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 08, 2012
Secretary of State

DOCUMENT# N05000000816

Entity Name: HIGHLANDS RESERVE OF PALM CITY HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**C/O CASTLE GROUP
12270 SW 3RD STREET, SUITE 200
PLANTATION, FL 33325**New Principal Place of Business:****Current Mailing Address:**C/O CASTLE GROUP
PO BOX 559009
FORT LAUDERDALE, FL 33355**New Mailing Address:****FEI Number:** 51-0595576**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**O'RYAN, CHRISTIAN ESQ.
2701 NORTH ROCKY POINT DRIVE
SUITE 900
TAMPA, FL 33607 US**Name and Address of New Registered Agent:**

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 DIRECTORS:

Title: VP
Name: RAPAPORT, JON
Address: 101 EBBTIDE DRIVE
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: P
Name: KOUWENHOVEN, BILL
Address: 6310 CAPITAL DR., STE. 130
City-St-Zip: LAKEWOOD RANCH, FL 34202

Title: S
Name: WILSON, JENNIFER
Address: 6310 CAPITAL DR., STE. 130
City-St-Zip: LAKEWOOD RANCH, FL 34202

Title: T
Name: MALONEY, KATHIE
Address: 6310 CAPITAL DR., STE. 130
City-St-Zip: LAKEWOOD RANCH, FL 34202

I hereby 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 all other like empowered.

SIGNATURE: BILL KOUWENHOVEN

PRES

10/08/2012

Electronic Signature of Signing Officer or Director

Date