

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002429

FILED
Apr 09, 2009
Secretary of State

Entity Name: HIGHGATE PARK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

107 N. LINE DR.
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

107 N. LINE DR.
APOPKA, FL 32703 US

New Mailing Address:

FEI Number: 35-2250024

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUTHERLAND, THERESA D
107 N. LINE DR.
APOPKA, FL 32703 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: STD () Delete
Name: CHOJNOWSKI, GARY
Address: 359 LANCASTER DRIVE
City-St-Zip: DAVENPORT, FL 33897 US

Title: PD () Delete
Name: SHINAR, PAUL
Address: THE COURT JESTER 13-14 TERLMINS TER
City-St-Zip: SOUTHAMPTON, UK SO143DT UK

Title: VD () Delete
Name: WEAVER, ROSEMERIE
Address: (HPB 356) 36 FFORDD CWM CIDI
City-St-Zip: BARRY, UK CF62 8LJ UK

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SHINAR, PAUL
Address: 13 TERMINUS TERRACE
City-St-Zip: SOUTH HAMPTON, UK SO143DT UK

Title: VPD (X) Change () Addition
Name: WEAVER, ROSEMERIE
Address: 36 FFORDD CWM CIDI
City-St-Zip: BARRY, UK CF68LJ UK

Title: STD (X) Change () Addition
Name: DIDWELL, JEAN
Address: 337 SMEETH ROAD, MARSHLAND
City-St-Zip: ST. JAMES, WISBACH CAMBA, UK PE148EP UK

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: PAUL SHINAR

PD

04/09/2009

Electronic Signature of Signing Officer or Director

Date