


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

|   |  |   |
|---|--|---|
| DOCUMENT # N05000006869   |  |  |
| 1. Entity Name<br>HIGHLAND OFFICE PARK PROPERTY OWNERS<br>ASSOCIATION, INC. |  |   |

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 MAR 20 PM 3:29

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| Principal Place of Business<br>2700 APALACHEE PARKWAY<br>TALLAHASSEE, FL 32303 | Mailing Address<br>2700 APALACHEE PARKWAY<br>TALLAHASSEE, FL 32303 |
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| 2. Principal Place of Business<br>2050 Chatsworth Way<br>Suite, Apt. #, etc. way | 3. Mailing Address<br>P.O. Box 3252<br>Suite, Apt. #, etc. Tallahassee, Florida |
| City & State<br>Tallahassee, Florida   | City & State<br>Tallahassee, Florida  |
| Zip<br>32309   | Country<br>U.S.A.   |
| Zip<br>32315   | Country<br>U.S.A.   |

03142006 Chg-NP CR2E037 (11/05)

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| 4. FEI Number  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |

|   |   |
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| 6. Name and Address of Current Registered Agent<br>GOODWYNE, OWEN<br>1924 TEMPLE DRIVE<br>TALLAHASSEE, FL 32303 | 7. Name and Address of New Registered Agent<br>Name Soheil Akhavan<br>Street Address (P.O. Box Number is Not Acceptable)<br>2050 Chatsworth Way<br>City Tallahassee FL Zip Code 32309 |
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Soheil Akhavan Soheil Akhavan President 3-16-2006  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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| Filing Fee is \$61.25<br>Due by May 1, 2006 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to<br>Florida Department of State |
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| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>AKHAVAN, SOHEIL<br>P.O. BOX 3252<br>TALLAHASSEE, FL 32315 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVPT<br>AKHAVAN, SOHRAB<br>P.O. BOX 3252<br>TALLAHASSEE, FL 32315 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>AKHAVAN, MOJGAN<br>P.O. BOX 3252<br>TALLAHASSEE, FL 32315 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Soheil Akhavan Soheil Akhavan 3-6-06 (850) 878-0823  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #