2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2006 8:00 am
Secretary of State
04-28-2006 90203 034 ****61.25

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1. Entity Name
HIGHLANDS HOMEOWNERS ASSOCIATION OF PENSACOLA, INC.

Principal Place of Business	Mailing Address
104 CYPRESS POINT EAST PENSACOLA, FL 32514	104 CYPRESS POINT EAST PENSACOLA, FL 32514

04242006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Etheridge Prop. Mgmt	3298 Summit Blvd.
Suite, Apt. #, etc. 3298 Summit Blvd Ste 04	Suite, Apt. #, etc. Suite 04
City & State Pensacola FL	City & State Pensacola, FL
Zip / Country 32503 / U.S.	Zip / Country 32503 / U.S.

4. FEI Number 20-3311931 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HIGDON, CHARLES R IV 104 CYPRESS POINT EAST PENSACOLA, FL 32514	Name: Ray O. Etheridge Street Address (P.O. Box Number is Not Acceptable): 3298 Summit Blvd. Ste #4 City: Pensacola FL Zip Code: 32503

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 _____ 4/24/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HIGDON, CHARLES R IV 104 CYPRESS POINT EAST PENSACOLA, FL 32514	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD GRAVES, Bob 9109 University Pkwy Ste B Pensacola, FL 32514	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV TUTTLE, RON G 4568 HIGHWAY 20 EAST SUITE 206 NICEVILLE, FL 32578	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD 8101 University Pkwy Ste. B Pensacola, FL 32514	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS EDGAR, CHAD 4568 HIGHWAY 20 EAST SUITE 206 NICEVILLE, FL 32578	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD 8101 University Pkwy Ste B Pensacola, FL 32514	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T COLMAN, CONNIE 4568 HIGHWAY 20 EAST SUITE 206 NICEVILLE, FL 32578	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Gelormino, Teresa 8101 University Pkwy Ste B Pensacola, FL 32514	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Ron Tuttle 4/24/06 850-434-3585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #