

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007196

FILED
Apr 27, 2007
Secretary of State

Entity Name: HIGHLAND BLUFF PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

% FIRST CHOICE ASSOCIATION MANAGEMENT
4174 WOODLANDS PARKWAY
PALM HARBOR, FL 34685

New Principal Place of Business:

Current Mailing Address:

% FIRST CHOICE ASSOCIATION MANAGEMENT
4174 WOODLANDS PARKWAY
PALM HARBOR, FL 34685

New Mailing Address:

FEI Number: 51-0575244

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOLAN, JAMES JR.
4174 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 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: D () Delete
Name: WILLIAMS, DAVID
Address: 5623 US HIGHWAY 19 SUITE 201
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: FIEBE, CRAIG J
Address: 5623 US HIGHWAY 19 SUITE 201
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D (X) Delete
Name: GALLAGHER, CRAIG S
Address: 5623 US HIGHWAY 19 SUITE 201
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FIEBE, CRAIG J
Address: 5623 US HIGHWAY 19 SUITE 201
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D (X) Change () Addition
Name: FIEBE, JOANNE K
Address: PO BOX 670
City-St-Zip: PORT RICHEY, FL 34673

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CRAIG J FIEBE

D

04/27/2007

Electronic Signature of Signing Officer or Director

Date