

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 06, 2012
Secretary of State

Entity Name: HIGHLAND BLUFF PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

HIGHLAND BLUFF POA, INC.- ROBERT WILSON
37029 HIGHLAND BLUFF CIRCLE
DADE CITY, FL 33523

New Principal Place of Business:

Current Mailing Address:

HIGHLAND BLUFF POA, INC.- ROBERT WILSON
37029 HIGHLAND BLUFF CIRCLE
DADE CITY, FL 33523

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:

WILSON, ROBERT
37029 HIGHLAND BLUFF CIRCLE
DADE CITY, FL 33523 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: PRES
Name: WILSON, ROBERT
Address: 37029 HIGHLAND BLUFF CIRCLE
City-St-Zip: DADE CITY, FL 33523

Title: TREA
Name: LOGAN, CECIL
Address: 37122 HIGHLAND BLUFF CIRCLE
City-St-Zip: DADE CITY, FL 33523

Title: SEC
Name: GARCIA, ANNIE
Address: 37126 HIGHLAND BLUFF CIRCLE
City-St-Zip: DADE CITY, FL 33523

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: CECIL LOGAN

TREA

03/06/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date