

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N06000001881

1. Entity Name
CLASSIC TOWNHOMES OF HIGHLAND PARK
ASSOCIATION, INC.



Principal Place of Business
2002 N. LOIS AVENUE
SUITE 507
TAMPA, FL 33607

Mailing Address
2002 N. LOIS AVENUE
SUITE 507
TAMPA, FL 33607

2. Principal Place of Business - No P.O. Box #

4131 Gunn Highway

Suite, Apt. #, etc.

3. Mailing Address

4131 Gunn Highway

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

Zip

33618

Country

US

Zip

33618

Country

US

10302008

Chg-NP

CR2E037 (12/06)

4. FEI Number
20-8167862

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAMB, BRIAN K
2002 N. LOIS AVENUE
SUITE 507
TAMPA, FL 33607

7. Name and Address of New Registered Agent

Name J. Stephen Gardner

Street Address (P.O. Box Number is Not Acceptable)

101 S. Franklin St

Suite 101

City

Tampa

FL

Zip Code

33602

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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

TITLE P ☐ Delete
NAME BUGG, NATALIE
STREET ADDRESS 11546 FOUNTAINHEAD DRIVE
CITY-ST-ZIP TAMPA, FL 33626

TITLE VP ☐ Delete
NAME MEDER, ROSEMARIE
STREET ADDRESS 11541 FOUNTAINHEAD DRIVE
CITY-ST-ZIP TAMPA, FL 33626

TITLE T ☐ Delete
NAME SALIM, ELIZABETH
STREET ADDRESS 11511 FOUNTAINHEAD DRIVE
CITY-ST-ZIP TAMPA, FL 33626

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 800138985338
CITY-ST-ZIP 12/12/08--01036--004 **\$61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Rosemarie Meder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/13/2008

FILED

08 DEC 12 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

