2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001881

FILED Apr 15, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

4131 GUNN HIGHWAY TAMPA, FL 33618

Current Mailing Address: New Mailing Address:

4131 GUNN HIGHWAY TAMPA, FL 33618

FEI Number: 20-8167862 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GARDNER, J. STEPHEN 101 S. FRANKLIN ST. SUITE 101 TAMPA, FL 33602 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 BUGG, NATALIE
 Name:
 BUGG, NATALIE

 Address:
 11546 FOUNTAINHEAD DRIVE
 Address:
 4131 GUNN HWY

City-St-Zip: TAMPA, FL 33626 City-St-Zip: TAMPA, FL 33618

 $\label{eq:title: VP (X) Change () Addition} \begin{picture} Title: & VP & (X) Change () Addition \\ \end{picture}$

 Name:
 MEDER, ROSEMARIE
 Name:
 MEDER, ROSEMARIE

 Address:
 11541 FOUNTAINHEAD DRIVE
 Address:
 4131 GUNN HWY

 City-St-Zip:
 TAMPA, FL 33626
 City-St-Zip:
 TAMPA, FL 33618

Name:SALIM, ELIZABETHName:SALIM, ELIZABETHAddress:11511 FOUNTAINHEAD DRIVEAddress:4131 GUNN HWYCity-St-Zip:TAMPA, FL 33626City-St-Zip:TAMPA, FL 33618

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: NATALIE BUGG P 04/15/2009