

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002545

FILED
Mar 28, 2008
Secretary of State

Entity Name: HIGHLAND BUSINESS PARK OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

4310 WALLACE ROAD
LAKELAND, FL 33812

New Principal Place of Business:

Current Mailing Address:

PO BOX 549
HIGHLAND CITY, FL 33846

New Mailing Address:

FEI Number: 59-2593373

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, JEFFREY E
4310 WALLACE ROAD
LAKELAND, FL 33812 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: MILLER, JEFFREY E
Address: 4310 WALLACE ROAD
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: FUTCH, MARY JANE
Address: 4310 WALLACE ROAD
City-St-Zip: LAKELAND, FL 33812

Title: D () Delete
Name: MILLER, GEORGE K
Address: 4310 WALLACE ROAD
City-St-Zip: LAKELAND, FL 33812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MARY JANE FUTCH

D

03/28/2008

Electronic Signature of Signing Officer or Director

Date