

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 13, 2009  
Secretary of State**

DOCUMENT# N06000006699

Entity Name: HIGHLANDS-IN-THE-WOODS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1420 SOUTH FLORIDA AVENUE  
LAKELAND, FL 33803

**New Principal Place of Business:**

**Current Mailing Address:**

1420 SOUTH FLORIDA AVENUE  
LAKELAND, FL 33803

**New Mailing Address:**

FEI Number: 33-1140462      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HARPER, PAUL S  
1420 SOUTH FLORIDA AVENUE  
LAKELAND, FL 33803      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: DP      ( ) Delete  
Name: HARPER, PAUL S  
Address: 1420 SOUTH FLORIDA AVENUE  
City-St-Zip: LAKELAND, FL 33803

Title: DV      ( ) Delete  
Name: HARPER, ROBERT F III  
Address: 1420 SOUTH FLORIDA AVENUE  
City-St-Zip: LAKELAND, FL 33803

Title: DST      ( ) Delete  
Name: ANDERSON, BOBBIE  
Address: 1420 SOUTH FLORIDA AVENUE  
City-St-Zip: LAKELAND, FL 33803

**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: PAUL S HARPER

DP

01/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date