2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

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Entity Name: HENICS HEIGHTS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1114 NW 6TH STREET #11
GAINESVILLE, FL 32601

New Principal Place of Business:

1114 NW 6TH STREET
#11
GAINESVILLE, FL 32601 US

Current Mailing Address:

1114 NW 6TH STREET #11
GAINESVILLE, FL 32601

New Mailing Address:

PO BOX 5445
GAINESVILLE, FL 32627 US

FEI Number: 11-3785269 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HENICS, TRACY
1114 NW 6TH STREET
APT. 11
GAINESVILLE, FL 32601 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: PD ( ) Delete
Name: HENICS, TRACY
Address: POST OFFICE BOX 5445
City-St-Zip: GAINESVILLE, FL 32627

Title: VSTD ( ) Delete
Name: HENICS, KAROLY
Address: POST OFFICE BOX 5445
City-St-Zip: GAINESVILLE, FL 32627

Title: D ( ) Delete
Name: GIBBS, WILLIAM K
Address: 1109 NW 13TH STREET
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HENICS, TRACY
Address: POST OFFICE BOX 5445
City-St-Zip: GAINESVILLE, FL 32627 US

Title: VSTD (X) Change ( ) Addition
Name: HENICS, KAROLY
Address: POST OFFICE BOX 5445
City-St-Zip: GAINESVILLE, FL 32627 US

Title: D (X) Change ( ) Addition
Name: GIBBS, WILLIAM K
Address: 1109 NW 13TH STREET
City-St-Zip: GAINESVILLE, FL 32601 US

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: KAROLY HENICS VSTD 04/30/2007

Electronic Signature of Signing Officer or Director — Date