2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06611

FILED Apr 28, 2006 Secretary of State

Entity Name: HIGHLAND PLACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place of Business:		
7301 W. SI	JM MANAGEMI UNRISE BLVD ON, FL 33313	ENT US			
Current Mailing Address:			New Mailing Address:		
	JM MANAGEMI UNRISE BLVD	ENT			
	ON, FL 33313	US			
FEI Number:	59-2596225	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	s of New Registered Agent:	
PLANTATI	UNRISE BLVD ON, FL 33313	US			
	named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both,	
SIGNATUF	RE:				
Electronic Signature of Registered Agent			ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete MCCLUSKEY, EDWARD 11717 HIGHLAND PLACE CORAL SPRINGS, FL 33071		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () Delete RUGGIERO, JOSEPH 11732 HIGHLAND PLACE D: CORAL SPRINGS, FL 33071		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () Delete FOGLIA, JOSEPH 11818 HIGHLAND PLACE : CORAL SPRINGS, FL 33071		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () MAUREEN, CAW 11705 HIGHLAN CORAL SPRING	D PLACE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT HOBART RA 04/28/2006