

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004061

FILED
Feb 20, 2008
Secretary of State

Entity Name: HIGHLAND OFFICE PARK PROPERTY OWNERS ASSOCIATION PHASE II, INC.

Current Principal Place of Business:

1933 CHATSWORTH WAY
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

1933 CHATSWORTH WAY
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODWYNE, OWEN
1924 TEMPLE DRIVE
TALLAHASSEE, FL 32303 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: AKHAVAN, SOHEIL
Address: PO BOX 3252
City-St-Zip: TALLAHASSEE, FL 32315

Title: DVT () Delete
Name: AKHAVAN, SOHRAB
Address: PO BOX 3252
City-St-Zip: TALLAHASSEE, FL 32315

Title: DS () Delete
Name: MOYER, BETH
Address: PO BOX 3252
City-St-Zip: TALLAHASSEE, FL 32315

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: SOHRAB AKHAVAN

DVT

02/20/2008

Electronic Signature of Signing Officer or Director

Date