

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004061

FILED  
Mar 27, 2009  
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 ( )** **FEI Number Not Applicable (X)** **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

03/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date