


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90129 024 ****61.25

DOCUMENT # N07000009302

1. Entity Name
HIGHLAND OAKS MEDICAL CENTER CONDOMINIUM OWNER ASSOCIATION, INC.



Principal Place of Business
 1942 HIGHLAND OAKS BLVD.
 SUITE A
 LUTZ, FL 33549

Mailing Address
 1942 HIGHLAND OAKS BLVD.
 SUITE A
 LUTZ, FL 33549

40000001



2. Principal Place of Business - No P.O. Box #
SAME AS ABOVE

3. Mailing Address
SAME AS ABOVE

Suite, Apt. #, etc.

04142008 Chg-NP CR2E037 (12/06)

City & State

City & State

Zip
 33559 Country

Zip
 33559 Country

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSENQUIST, ROBERT MD
 1942 HIGHLAND OAKS BLVD
 SUITE A
 LUTZ, FL 33549

NAME S/B ROBERT ROSENQUIST

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE *4/15/08*

Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to: Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WATKINS, STAN	
STREET ADDRESS	1942 HIGHLAND OAKS BLVD., SUITE A	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSENQUIST, ROBERT MD	
STREET ADDRESS	1942 HIGHLAND OAKS BLVD., SUITE A	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	D	<input type="checkbox"/> Delete
NAME	REIBER, WILLIAM	
STREET ADDRESS	5055 GULF OF MEXICO DRIVE #331	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
TITLE	D	<input type="checkbox"/> Delete
NAME	REIBER, JOAN H	
STREET ADDRESS	5218 CRESCENT DRIVE	
CITY-ST-ZIP	TAMPA, FL 33549	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>CORRECT NAME TO:</i>	
STREET ADDRESS	<i>ROSEQUIST (NO N)</i>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: *4/15/08* DAYTIME PHONE #: *(813) 948-3838*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR