

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009302

FILED
Mar 13, 2009
Secretary of State

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

Current Principal Place of Business:

1942 HIGHLAND OAKS BLVD.
SUITE A
LUTZ, FL 33559

New Principal Place of Business:

Current Mailing Address:

1942 HIGHLAND OAKS BLVD.
SUITE A
LUTZ, FL 33559

New Mailing Address:

FEI Number: 26-1285264

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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: ROBERT ROSEQUIST

03/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WATKINS, STAN
Address: 1942 HIGHLAND OAKS BLVD., SUITE A
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: ROSEQUIST, ROBERT MD
Address: 1942 HIGHLAND OAKS BLVD., SUITE A
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: REIBER, WILLIAM
Address: 5055 GULF OF MEXICO DRIVE #331
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D () Delete
Name: REIBER, JOAN H
Address: 5218 CRESCENT DRIVE
City-St-Zip: TAMPA, FL 33549

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:

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: ROBERT ROSEQUIST

D

03/13/2009

Electronic Signature of Signing Officer or Director

Date