2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N08000003446

Entity Name: EAST HIGHLAND PLACE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

210 HIGHLAND DR
EAST LAKELAND, FL 33803

New Principal Place of Business:

212 E. HIGHLAND DRIVE # 201
LAKELAND, FL 33813

Current Mailing Address:

210 HIGHLAND DR
EAST LAKELAND, FL 33803

New Mailing Address:

212 E. HIGHLAND DRIVE # 201
LAKELAND, FL 33813

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALL, H LEE
225 E LEMON STREET SUITE 205
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

WALL, H LEE
212 E. HIGHLAND DRIVE #201
LAKELAND, FL 33813 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: H. LEE WALL 01/16/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DVT ( ) Delete
Name: RODDA, JOHN A
Address: 250 HIGHLAND DR EAST
City-St-Zip: LAKELAND, FL 33803

Title: DPS ( ) Delete
Name: WALL, H LEE
Address: 225 E LEMON STREET SUITE 205
City-St-Zip: LAKELAND, FL 33801

Title: DV ( ) Delete
Name: MONTE, SAM
Address: 210 HIGHLAND DR
City-St-Zip: EAST LAKELAND, FL 33803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DPS (X) Change ( ) Addition
Name: WALL, H LEE
Address: 212 E. HIGHLAND DRIVE #201
City-St-Zip: LAKELAND, FL 33813

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: H. WALL DPS 01/16/2009
Electronic Signature of Signing Officer or Director Date