

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09815

FILED  
Mar 04, 2005  
Secretary of State

Entity Name: WILLISTON HIGHLANDS HOME OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

15232 S COUNTRY CLUB DR  
WILLISTON, FL 32696

**New Principal Place of Business:**

**Current Mailing Address:**

15232 S COUNTRY CLUB DR  
WILLISTON, FL 32696

**New Mailing Address:**

FEI Number: 59-2881472

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEHMAN, PHYLLIS M  
15116 N.E. THIRD PLACE  
WILLISTON, FL 32696 US

**Name and Address of New Registered Agent:**

SHORKEY, GLENDA P  
15232 S. COUNTRY CLUB DR.  
WILLISTON, FL 32696 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: GLENDA SHORKEY

03/04/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SHARKEY, GLENDA F  
Address: 15232 S COUNTRY CLUB DR  
City-St-Zip: WILLISTON, FL 32696

Title: SD ( ) Delete  
Name: HOLDER, NEIL  
Address: 1221 NE 152ND COURT  
City-St-Zip: WILLISTON, FL 32696

Title: VD ( ) Delete  
Name: KREUTER, NORMAN  
Address: 667 NE 151ST TERRACE  
City-St-Zip: WILLISTON, FL 32696

Title: TD ( ) Delete  
Name: BROCHETTI, GREG  
Address: 1096 NE 155TH COURT  
City-St-Zip: WILLISTON, FL 32696

Title: D ( ) Delete  
Name: WM ROSCOE, BARBER  
Address: 1194 NE 155TH COURT  
City-St-Zip: WILLISTON, FL 32696

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SHORKEY, GLENDA F  
Address: 15232 S COUNTRY CLUB DR  
City-St-Zip: WILLISTON, FL 32696

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

Title: D (X) Change ( ) Addition  
Name: W.W., MCCALLISTER  
Address: 15173 NE. 3RD PLACE  
City-St-Zip: WILLISTON, FL 32696

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

Title: D (X) Change ( ) Addition  
Name: JAMES, PARTINGTON  
Address: 1016 NE 155TH CT.  
City-St-Zip: WILLISTON, FL 32696

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GLENDA SHORKEY

PD

03/04/2005

Electronic Signature of Signing Officer or Director

Date