

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09815

FILED
Apr 21, 2007
Secretary of State

Entity Name: WILLISTON HIGHLANDS HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

15231 S COUNTRY CLUB DR
WILLISTON, FL 32696

New Principal Place of Business:

Current Mailing Address:

15231 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:

SHORKEY, GLENDA P
15231 S. COUNTRY CLUB DR.
WILLISTON, FL 32696 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: PD () Delete
Name: SHORKEY, GLENDA F P
Address: 15231 S COUNTRY CLUB DR
City-St-Zip: WILLISTON, FL 32696

Title: SD () Delete
Name: LEHMAN, PHYLLIS SD
Address: 15116 NE 3RD PLACE
City-St-Zip: WILLISTON, FL 32696

Title: D () Delete
Name: MCCALLISTER, WW D
Address: 15173 NE. 3RD PLACE
City-St-Zip: WILLISTON, FL 32696

Title: TD () Delete
Name: SHORKEY, SHERMAN TD
Address: 15231 S COUNTRY CLUB DR.
City-St-Zip: WILLISTON, FL 32696

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

Title: D () Delete
Name: TILLMAN, JIM D
Address: 822 NE 10TH CIRCLE
City-St-Zip: WILLISTON, FL 32696

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SHORKEY, GLENDA F PD
Address: 15231 S COUNTRY CLUB DR
City-St-Zip: WILLISTON, FL 32696

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

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

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

Title: D (X) Change () Addition
Name: MCGUIRE, CAROLYN D
Address: 1064 NE 155TH COURT
City-St-Zip: WILLISTON, FL 32696

Title: D (X) Change () Addition
Name: ROMIG, MARILENE D
Address: 316 E. COUNTRY CLUB DR.
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 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: GLENDA SHORKEY

PD

04/21/2007

Electronic Signature of Signing Officer or Director

_____ Date