

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09815

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: WILLISTON HIGHLANDS HOME OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

15210 NE 14TH PLACE  
WILLISTON, FL 32696

**New Principal Place of Business:**

**Current Mailing Address:**

15210 NE 14TH PLACE  
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:**

CHAMBERLAIN, RUSSELL P  
15210 NE 14TH PLACE  
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: CHAMBERLAIN, RUSSELL P  
Address: 15210 NE 14TH PLACE  
City-St-Zip: WILLISTON, FL 32696

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

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

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

Title: D ( ) Delete  
Name: BERRYMAN, IRVING D  
Address: 15231 NE 8TH STREET  
City-St-Zip: WILLISTON, FL 32696

Title: D ( ) Delete  
Name: ROMIG, MARILENE TD  
Address: 316 E. COUNTRY CLUB DR.  
City-St-Zip: WILLISTON, FL 32696

**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:

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: RUSSELL CHAMBERLAIN

P

04/21/2009

Electronic Signature of Signing Officer or Director

Date