

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09815

FILED
Apr 28, 2012
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
Name: CHAMBERLAIN, RUSSELL P
Address: 15210 NE 14TH PLACE
City-St-Zip: WILLISTON, FL 32696

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: RUSSELL P CHAMBERLAIN

PRES

04/28/2012

Electronic Signature of Signing Officer or Director

Date