


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N10784	
1. Entity Name HIGHLAND VILLAGE RESIDENTS COMMITTEE INC.	

Principal Place of Business 2310 N.E. 135TH TERRACE N. MIAMI BCH, FL 33181 US	Mailing Address 2310 N.E. 135TH TERRACE N. MIAMI BCH, FL 33181 US
--	--



03202006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2680097	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LAPRADE, MARCEL 2370 NE 135TH TERRACE NORTH MIAMI BEACH, FL 33181

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE** _____

**Filing Fee Is \$61.25
Due by May 1, 2006**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐ **\$5.00 May Be
Added to Fees**

000000430700
04/18/06-30067-016 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAPARADE, MARCEL 2310 NE 135TH TERRACE NORTH MIAMI BEACH, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUILLEMETTE, BENOIT 3398 NE 136 LANE NORTH MIAMI BEACH, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POTVIN, THERESE 2430 N.E. 136TH TERRACE NORTH MIAMI BEACH, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COUTURE, MADELEINE 2228 N.E. 136TH LANE NORTH MIAMI BEACH, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COUTURE, NORMAND 2228 NE 136 LANE NORTH MIAMI BEACH, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILLARGEON, RAYMOND 2078 N.E. 135TH LANE NORTH MIAMI BEACH, FL 33181

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marcel Laprade*
MARCEL LAPRADE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/30/06 305-947-0693
Date Daytime Phone #