


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N10784</b> 1. Entity Name <b>HIGHLAND VILLAGE RESIDENTS COMMITTEE INC.</b>	
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Principal Place of Business <b>2310 N.E. 135TH TERRACE N. MIAMI BCH, FL 33181 US</b>	Mailing Address <b>2310 N.E. 135TH TERRACE N. MIAMI BCH, FL 33181 US</b>
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**DO NOT WRITE IN THIS SPACE**



04032007 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

**LAPRADE, MARCEL  
2370 NE 135TH TERRACE  
NORTH MIAMI BEACH, FL 33181**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

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

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04/19/07-80004-003 61.25

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 04/05/07 305-947-0693  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #