


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90030 035 ****66.25

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

Principal Place of Business 2310 NE 135TH TERRACE N. MIAMI BCH, FL 33181 US 2280 N.E. 135 LANE 33181 NORTH MIAMI BEACH	Mailing Address 2310 NE 135TH TERRACE N. MIAMI BCH, FL 33181 US 2280 N.E. 135 LANE 33181 NORTH MIAMI BEACH
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40053430



03212008 Chg-NP CR2E037 (12/06)

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name LAPARADE, MARCEL 2370 NE 135TH TERRACE NORTH MIAMI BEACH, FL 33181		Name GILLES LANGLOIS	
Street Address (P.O. Box Number is Not Acceptable) 2370 NE 135TH TERRACE NORTH MIAMI BEACH, FL 33181		Street Address (P.O. Box Number is Not Acceptable) 2280 N.E. 135 LANE NORTH MIAMI BEACH 33181	
City		City	
FL		FL	
Zip Code		Zip Code	

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, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAPARADE, MARCEL 2310 NE 135TH TERRACE NORTH MIAMI BEACH, FL 33181 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GILLES LANGLOIS 2280 N.E. 135 LANE NORTH MIAMI BEACH, FL 33181 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUILLEMETTE, BENOIT 3398 NE 136 LANE NORTH MIAMI BEACH, FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POTVIN, THERESE 2430 N.E. 136TH TERRACE NORTH MIAMI BEACH, FL 33181 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORISSETTE LIOWEL 2225 N.E. 136 TERRACE NORTH MIAMI BEACH 33181 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COUTURE, MADELEINE 2228 N.E. 136TH LANE NORTH MIAMI BEACH, FL 33181 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AUDET JACQUELINE 2435 N.E. 135 LANE NORTH MIAMI BEACH <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COUTURE, NORMAND 2228 NE 136 LANE NORTH MIAMI BEACH, FL 33181 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AUDET RONALD 2435 N.E. 135 LANE NORTH MIAMI BEACH 33181 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILLARGEON, RAYMOND 2078 N.E. 135TH LANE NORTH MIAMI BEACH, FL 33181 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREMBLAY NICOLE 2290 N.E. 136 LANE NORTH MIAMI BEACH 33181 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Gilles Langlois **04/02/2008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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Document Number N10784

Business Entity Name HIGHLAND VILLAGE RESIDENTS COMMITTEE INC.

FEI Number 59 - 2680097

FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not ApplicableCertificate of Status ☐ \$8.75 (Optional)Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address 2280 NE135 LANE (PO Box not acceptable)

Suite, Apt. #, etc.

City, State N. MIAMI BCH FL

Zip Code & Country 33181 US

Mailing Address

If your mailing address is the same as the principal address above, please check the box below. Otherwise, enter your mailing address.

☒ Mailing address same as principal address

Address 2280 NE 135 LANE

Suite, Apt. #, etc.

City, State N. MIAMI BCH FL

Zip Code & Country 33181 US

Name And Address of Registered Agent

Name (Last, First, Middle, Title) LANGLOIS GILLES P.D.

- OR -

Business to serve as RA

Street Address in Florida 2280 NE 135 LANE (PO Box not acceptable)

Suite, Apt. #, etc.

City, State NORTH MIAMI BEACH FL

Zip Code & Country 33181 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

ATTACHMENT
40059430
#N10784

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name And Address**Name And Address #1**

Title

PD

Name (Last, First, Middle, Title)

LANGLOIS

GILLES

- OR -

Entity Name to serve as Officer/Director

Street Address

2280 NE 135 LANE

City, State

NORTH MIAMI BEACH

FL

Zip Code & Country

33181

Name And Address #2

Title

VP

Name (Last, First, Middle, Title)

GUILLEMETTE

BENOIT

- OR -

Entity Name to serve as Officer/Director

Street Address

3398 NE 136 LANE

City, State

NORTH MIAMI BEACH

FL

Zip Code & Country

33181

Name And Address #3

Title

S

Name (Last, First, Middle, Title)

Morisset

Lionel

- OR -

Entity Name to serve as Officer/Director

Street Address

2225 NE 136 Terr.

City, State

NORTH MIAMI BEACH

FL

Zip Code & Country

33181

Name And Address #4

Title

T

Name (Last, First, Middle, Title)

Audet

Jacqueline

- OR -

Entity Name to serve as Officer/Director

Street Address

2435 NE 135 Lane

City, State

NORTH MIAMI BEACH

FL

ATTACHMENT

40059430
#N10784**Name And Address #5**

Title

D

Name (Last, First, Middle, Title)

Audet

Renald

- OR -

Entity Name to serve as Officer/Director

Street Address

2435 NE 135 Lane

City, State

NORTH MIAMI BEACH

FL

Zip Code & Country

33181

Name And Address #6

Title

D

Name (Last, First, Middle, Title)

Tremblay

Nicole

- OR -

Entity Name to serve as Officer/Director

Street Address

2290 NE 136 Lane

City, State

NORTH MIAMI BEACH

FL

Zip Code & Country

33181

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

PD

Officer/Director Signature

Gilles Langlois

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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