

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13526

FILED
Jan 11, 2007
Secretary of State

Entity Name: ONE HIGHLANDS PLACE PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

ONE HIGHLANDS PLACE POA
P.O. BOX 5894
LAKELAND, FL 338075894 US

New Principal Place of Business:

ONE HIGHLANDS PLACE POA
CLEVELAND HIGHTS BLVD
LAKELAND, FL 33813 US

Current Mailing Address:

P.O. BOX 5894
LAKELAND, FL 338075894 US

New Mailing Address:

FEI Number: 59-2676585 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HENWOOD, ODA E
4757 HIGHLANDS PL. CIR
LAKELAND, FL 33813 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: VP () Delete
Name: SHELTON, ROYCE
Address: 4623 HIGHLANDS PLACE DR
City-St-Zip: LAKELAND, FL 33813

Title: SD () Delete
Name: RICHARD, ANDREWS
Address: 4642 HIGHLANDS PLACE DR.
City-St-Zip: LAKELAND, FL 33813

Title: TD () Delete
Name: HENWOOD, ODA E
Address: 4757 HIGHLANDS PLACE CIRCLE
City-St-Zip: LAKELAND, FL 33813

Title: PD () Delete
Name: CORNISH, ROI
Address: 4749 HIGHLANDS PLACE CIR
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: GALBREATH, BEVERLY
Address: 4709 HIGHLANDS PLACE CIRCLE
City-St-Zip: LAKELAND, FL 33813

Title: PD (X) Change () Addition
Name: HENWOOD, ODA E
Address: 4757 HIGHLANDS PLACE CIR
City-St-Zip: LAKELAND, FL 33813

I hereby certify that the information supplied with this filing does not qualify for the 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: ODA E. HENWOOD

PD

01/11/2007

Electronic Signature of Signing Officer or Director

Date