


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90009 044 ****61.25

DOCUMENT # N13526 1. Entity Name ONE HIGHLANDS PLACE PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business ONE HIGHLANDS PLACE POA CLEVELAND HIGHTS BLVD LAKELAND, FL 33813 US				Mailing Address P.O. BOX 5894 LAKELAND, FL 33807-5894 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent HENWOOD, ODA E 4757 HIGHLANDS PL. CIR LAKELAND, FL 33813				7. Name and Address of New Registered Agent Name KERRY P. CHARLET Street Address (P.O. Box Number is Not Acceptable) 4820 HIGHLANDS PLACE DR City LAKELAND FL Zip Code 33813	
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 <u><i>Kerry P. Charlet</i></u> DATE <u>2-10-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHELTON, ROYCE <input type="checkbox"/> Delete 4623 HIGHLANDS PLACE DR LAKELAND, FL 33813		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RICHARD, ANDREWS <input type="checkbox"/> Delete 4642 HIGHLANDS PLACE DR. LAKELAND, FL 33813		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GALBREATH, BEVERLY <input type="checkbox"/> Delete 4709 HIGHLANDS PLACE CIRCLE LAKELAND, FL 33813		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Delete HENWOOD, ODA E 4757 HIGHLANDS PLACE CIR LAKELAND, FL 33813		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D KERRY P. CHARLET <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4820 HIGHLANDS PLACE DR LAKELAND, FL 33813	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u><i>Kerry P. Charlet</i></u>		KERRY P. CHARLET		2-10-08 863-619-2635 <small>Date Daytime Phone #</small>	