2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State
03-22-2006 90005 045 ****61.25

DOCUMENT # N15440

1. Entity Name
HIGHLAND LAKES TOWNHOMES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 590025 TAMARAC, FL 33359-0025 US	P.O. BOX 590025 TAMARAC, FL 33359-0025 US

03012006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2700016 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BARNES, DONALD L
7241 TAM O'SHANTER BLVD
N LAUDERDALE, FL 33068

7. Name and Address of New Registered Agent

Name: CONSOLIDATED Community Mmbt
Street Address (P.O. Box Number is Not Acceptable): 10034 W. MCNAB RD
City: TAMARAC FL Zip Code: 33321

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

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	S YOUNG, PAT A 7401 TAM O SHANTER BLVD. N. LAUDERDALE, FL 33068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition AMIEL-Young, PAT 7401 Tam OShanter Blvd. N. Lauderdale, FL 33068
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BARNES, DONALD L 7241 TAM O'SHANTER BLVD N. LAUDERDALE, FL 33068	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition ALI, NASHAD 7421 Tam OShanter Blvd. N. Lauderdale, FL 33068
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOPEZ, LUCY 7185 TAM O'SHANTER BLVD NORTH LAUDERDALE, FL 33068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition DOUGLAS, JOSEPH 7445 Tam OShanter Blvd N. LAUDERDALE, FL 33068
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P QUINTAL, ANTERIO 7201 TAM O'SHANTER BLVD N. LAUDERDALE, FL 33068	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition LIMACHE, Rosa 7231 Tam OShanter Blvd N. LAUDERDALE, FL 33068
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LALOR, VERONA 7301 TAM O'SHANTER BLVD N LAUDERDALE, FL 33068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition PENA, JENITZA 7111 Tam OShanter Blvd. N. LAUDERDALE, FL 33068
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOUISSAINT, OLIVIERGE 7131 TAM O'SHANTER BLVD N LAUDERDALE, FL 33068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition FEARON, MAXINE 7391 Tam OShanter Blvd N. LAUDERDALE, FL 33068

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: _____ Date 3/19/06 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia E. Amiel-Young