


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90011 001 ****61.25

DOCUMENT # N15440 1. Entity Name HIGHLAND LAKES TOWNHOMES ASSOCIATION, INC.						
Principal Place of Business P.O. BOX 590025 TAMARAC, FL 33359-0025 US			Mailing Address P.O. BOX 590025 TAMARAC, FL 33359-0025 US			
2. Principal Place of Business - No P.O. Box # CCM Inc Suite, Apt. #, etc. 10034 W. MCNAB Road City & State Tamarac FL Zip 33321 Country USA		3. Mailing Address C/O CCM Inc Suite, Apt. #, etc. 10034 W. MCNAB Road City & State Tamarac FL Zip 33321 Country USA				
4. FEI Number 59-2700016						Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent CONSOLIDATED COMMUNITY MGMT. 10034 W. MCNAB RD TAMARAC, FL 33321			7. Name and Address of New Registered Agent Name Street Address City FL 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 the obligations of registered agent.						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
Filing Fee is \$61.25 Due by May 1, 2007		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	S AMIEL-YOUNG, PAT 7401 TAM O SHANTER BLVD. N. LAUDERDALE, FL 33068		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Joseph Douglas 7445 Tam O'Shanter Blvd. N. Lauderdale, FL 33068		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALI, NASHAD 7241 TAM O'SHANTER BLVD N. LAUDERDALE, FL 33068		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Maxine Fearon 7391 Tam O'Shanter Blvd. N. Lauderdale, FL 33068		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, LUCY 7185 TAM O'SHANTER BLVD NORTH LAUDERDALE, FL 33068		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIMACHE, ROSA 7231 TAM O'SHANTER BLVD. N. LAUDERDALE, FL 33068		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LALOR, VERONA 7301 TAM O'SHANTER BLVD N LAUDERDALE, FL 33068		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOUISSAINT, OLIVIERGE 7131 TAM O'SHANTER BLVD N LAUDERDALE, FL 33068		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		
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>Patricia E. Amiel-Young</u> 2/8/07 954-254-1747 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						