2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15440

FILED May 01, 2009 Secretary of State

Entity Name: HIGHLAND LAKES TOWNHOMES ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 10034 W. MCNAB RD TAMARAC, FL 33321 US **Current Mailing Address: New Mailing Address:** CCM INC 10034 W. MCNAB RD TAMARAC, FL 33321 US FEI Number: 59-2700016 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CONSOLIDTATED COMMUNITY MGMT. 10034 W. MCNAB RD TAMARAC, FL 33321 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition AMIEL-YOUNG, PAT BARNES, DON Name: Name: 7401 TAMOSHANTIER BLVD Address: 7241 TAM O'SHANTER BLVD. Address: City-St-Zip: H LAND, FL 33068 City-St-Zip: N. LAUDERDALE, FL 33068 Title: Title: (X) Change () Addition () Delete BARNES, DON Name: BROWN, JACQUELINE Name: Address: 7241 TAM OSHANTER Address: 7181 TAM O'SHANTER BLVD. City-St-Zip: N LAND, FL 33068 City-St-Zip: N. LAUDERDALE, FL 33068 Title: Title: (X) Change () Addition () Delete LOPEZ, LUCY LOPEZ, LUCY Name: Name: Address: 7185 TAM O'SHANTER BLVD Address: 7185 TAM O'SHANTER BLVD. City-St-Zip: NORTH LAUDERDALE, FL 33068 City-St-Zip: N. LAUDERDALE, FL 33068 Title: () Delete Title: (X) Change () Addition Name: OSTRAGER, BRET Name: LOUISSANT, OLIVIERGE 7131 TAM O'SHANTER BLVD. Address: 7111 TAM OSHANTER Address: City-St-Zip: N LAND, FL 33068 City-St-Zip: N. LAUDERDALE, FL 33068 Title: (X) Delete Title: () Change () Addition LOUISSAINT, OLIVIERGE Name: Name: 7131 TAM OSHANTER BLVD Address: Address: City-St-Zip: N LAND, FL 33068 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DONALD L. BARNES MR. 05/01/2009