2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N17202

1. Entity Name



FILED Mar 05, 2008 8:00 am Secretary of State 03-05-2008 90021 019 ****61.25

INC.	HEIGHTS PROPE	RIY UVVNERS	S ASSOCIATION						
5545 PINE RIDGE DR 5545			ailing Address 545 PINE RIDGE DR MILTON, FL 32570	<u> </u>	.,				
2 Principal (Place of Aurinose - No F	O Boy# 3	Mailing Address						
2. Principal Place of Business - No P.O. Box #		.C. DOX#	Walling Address		5 164 U E B8 B A	UIDH BIRN BIBN	BIRLI WINSI RAW	ISAL BI INTI	
Suite, Apt. #, etc.		ļ	Suite, Apt, #, etc.		02012008	Chg-NP	CR2E037	(12/06)	
City & Sta	te		City & State		4. FEI Number 59-2728	060	•		oplied For of Applicable
Zip	Count	у	Zip	Country	5. Certificate of	Status Desired		8.75 Add	ditional
	6. Name and Addr	ess of Current Regis	tered Agent	_	7. Name and A	ddress of New R		•	
HAYES, L	YNDA			Name					
	RIDGE DRIVE	•	4-	Street Add	dress (P.O. Box Number	is Not Acceptable) -	• •	•
	No.								
	<u> </u>			City			FL	Zip Cod	
8. The above the obliga	e named entity submits the tions of registered agent	nis statement for the p	ourpose of changing its r	egistered office or re	egistered agent, or both,	in the State of Flo	rida. I am fa	miliar with,	and accept
SIGNATURE	Signature, typed or printed name	e of registered agent and title	if applicable. (NOTE:	Registered Agent signature	required when reinstating)		DATE		·
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J. 24 9	Filing Fee Is \$61 Due by May 1, 20		9. Election Cam Trust Fund Co		\$5.00 May Be		ake check i		
10	Due by May 1, 20		9. Election Cam Trust Fund Co		\$5.00 May Be	Flori	da Departn	nent of S	tate
	Due by May 1, 20	008	9. Election Cam Trust Fund Co	ontribution.	\$5.00 May Be Added to Fees	Flori	da Departn	nent of S	tate
10	OFF STD HAYES, LYNDA 5545 PINE RIDGE	DOB ICERS AND DIRECTO OR	9. Election Cam Trust Fund Co	11. TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Flori	da Departn	CTORS IN	tate
TITLE NAME STREET ADDRESS	OFF STD HAYES, LYNDA 5545 PINE RIDGE MILTON, FL 32570	DOB ICERS AND DIRECTO OR	9. Election Cam Trust Fund Co	ontribution. 11. TITLE NAME	\$5.00 May Be Added to Fees	Flori	da Departn	CTORS IN	tate
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2. 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 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.

Lynda