

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20220

FILED
Jan 30, 2009
Secretary of State

Entity Name: HIGHLAND FAIRWAYS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3222 HIGHLAND FAIRWAYS BLVD
LAKELAND, FL 33810 US

New Principal Place of Business:

Current Mailing Address:

3222 HIGHLAND FAIRWAYS BLVD
LAKELAND, FL 33810 US

New Mailing Address:

FEI Number: 59-2794319

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE FURIO, JAMES
201 E. KENNEDY BLVD STE 1460
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: VERBEKE, JUDITH
Address: 1939 PRAIRE DUNES CIR N
City-St-Zip: LAKELAND, FL 33810

Title: VD () Delete
Name: SMUCKER, LARRY
Address: 3728 WILDCAT RUN
City-St-Zip: LAKELAND, FL 33810

Title: SD () Delete
Name: SCHAFER, MILDRED
Address: 3212 PRAIRIE DUNES CIRLE W.
City-St-Zip: LAKELAND, FL 33810

Title: D () Delete
Name: OSTERLUND, DONALD
Address: 3517 HIGHLAND FAIRWAYS BLVD
City-St-Zip: LAKELAND, FL 33810

Title: TD () Delete
Name: BUSCHER, BERNARD A
Address: 3828 WILDCAT RUN
City-St-Zip: LAKELAND, FL 33810

Title: PD () Delete
Name: MINICHELLO, THOMAS
Address: 1865 MASTERS LANE
City-St-Zip: LAKELAND, FL 33810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: THOMAS MINICHELLO

PD

01/30/2009

Electronic Signature of Signing Officer or Director

Date