


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2006 8:00 am
Secretary of State

08-25-2006 90002 004 ****61.25

DOCUMENT # N23639 1. Entity Name HIGHLAND LAKES/BRADENTON OWNERS ASSOCIATION, INC.						
Principal Place of Business C/O AMI 9031 TOWN CENTER PKWY BRADENTON, FL 34202 US			Mailing Address C/O AMI 9031 TOWN CENTER PKWY BRADENTON, FL 34202 US			
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country		Zip		
Country		Country		4. FEI Number 59-3075216		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ADVANCED MGMT OF SOUTHWEST FL INC. 9031 TOWN CENTER PKWY BRADENTON, FL 34202				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
B. 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.				Applied For <input type="checkbox"/>		
Not Applicable				CR2E037 (4/06)		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____		
Filing Fee is \$61.25 Due by September 6, 2006			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			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.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP			
P SCHWIENING, MARGARET 4314 TURNBERRY CT BRADENTON, FL 34210			TD John Howell 4421 Galloway Blvd. Bradenton, FL 34210			
D BILL, FRANK 4730 DUNDEE DR. W BRADENTON, FL 34210			AS Douglas E. Wilson 9031 TOWN CENTER PKWY BRADENTON, FL 34202			
V CHARLES, BUNTON 4826 DUNDEE DR. W BRADENTON, FL 34210			TITLE NAME STREET ADDRESS CITY-ST-ZIP			
S MINTON, WENDY 4805 MONTROSE DR W BRADENTON, FL 34210			TITLE NAME STREET ADDRESS CITY-ST-ZIP			
T MARTIN, NANCY 4717 DUNDEE DR W BRADENTON, FL 34210			TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP			

50026297



SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/21/06 (941) 359-1134