2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26966

FILED Apr 26, 2008 Secretary of State

Entity Name: HIGH VISTA PROPERTY OWNERS' ASSOCIATION, INC. **New Principal Place of Business: Current Principal Place of Business:** 1910 HIGH VISTA DR LAKELAND, FL 33813 US **Current Mailing Address: New Mailing Address:** P.O. BOX 5412 LAKELAND, FL 338075412 US FEI Number: 59-2894237 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WUITSCHICK, SUSAN W 1936 VISTA VIEW DRIVE LAKELAND, FL 33813 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: () Change () Addition () Delete MURPHY, GLENN Name: Name: 1910 HIGH VISTA DRIVE Address: Address: City-St-Zip: LAKELAND, FL 33813 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: PRINCE, ROBERT M Name: Address: 1970 HIGH VISTA DRIVE Address: City-St-Zip: LAKELAND, FL 33813 City-St-Zip: Title: () Delete Title: (X) Change () Addition WUITSCHICK, SUSAN W WUITSCHICK, SUSAN W Name: Name: 1936 VISTA VIEW DRIVE 1936 VISTA VIEW DRIVE Address: Address: City-St-Zip: LAKELAND, FL 33813 City-St-Zip: LAKELAND, FL 33813 Title: SD () Delete Title: TD (X) Change () Addition DELANEY, ALEXANDRA DELANEY, ALEXANDRA Name: Name: Address: 1909 HIGH VISTA DR. Address: 1909 HIGH VISTA DR. City-St-Zip: LAKELAND, FL 33813 City-St-Zip: LAKELAND, FL 33813

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: ALEXANDRA DELANEY TD 04/26/2008