
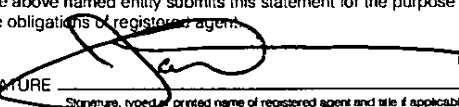
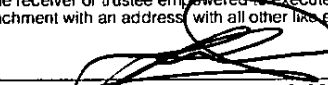


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90024 010 ****61.25

DOCUMENT # N30836 1. Entity Name THE HIGHLANDS AT CAROLINA HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 7696 HIGHLANDS CIR MARGATE, FL 33063 US			Mailing Address PO BOX 670084 CORAL SPRINGS, FL 33067 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 65-0085092				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SILVAGNI, FRANK 7760 HIGHLANDS CIR. MARGATE, FL 33063			7. Name and Address of New Registered Agent Name JACK TOBIN Street Address (P.O. Box Number is Not Acceptable) 7759 HIGHLANDS CIR City MARGATE FL 33063		
8. 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.					
SIGNATURE  3-18-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVAGNI, FRANK		NAME	JACK TOBIN	
STREET ADDRESS	7760 HIGHLANDS CIR.		STREET ADDRESS	7759 HIGHLANDS CIR	
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP	MARGATE FL 33063	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEIGART, HANK		NAME	LOU LENTINI	
STREET ADDRESS	7797 HIGHLANDS CIR		STREET ADDRESS	7773 HIGHLANDS CIR	
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP	MARGATE FL 33063	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	DIANE KNIGHT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENTINI, LOU		NAME	7708 HIGHLANDS CIR	
STREET ADDRESS	7773 HIGHLANDS CIR		STREET ADDRESS	MARGATE FL 33063	
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP	MARGATE FL 33063	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOBIN, JACK		NAME	ROBERT LUBER	
STREET ADDRESS	7759 HIGHLANDS CIR		STREET ADDRESS	7721 HIGHLANDS CIR	
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP	MARGATE FL 33063	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
SIGNATURE: 			LOU LENTINI		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-15-05 954-752- <small>Date Daytime Phone #</small>		