

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30836

FILED
Mar 04, 2007
Secretary of State

Entity Name: THE HIGHLANDS AT CAROLINA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

7773 HIGHLANDS CIR
MARGATE, FL 33063 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 670084
CORAL SPRINGS, FL 33067 US

New Mailing Address:

FEI Number: 65-0085092

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LENTINI, LOU
7773 HIGHLANDS CIR.
MARGATE, FL 33063 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: PD () Delete
Name: TOBIN, JACK
Address: 7759 HIGHLANDS CIR
City-St-Zip: MARGATE, FL 33063

Title: TD () Delete
Name: LENTINI, LOU
Address: 7773 HIGHLANDS CIR
City-St-Zip: MARGATE, FL 33063

Title: S () Delete
Name: FISHER, STACEY
Address: 7777 HIGHLANDS CIR
City-St-Zip: MARGATE, FL 33063

Title: VD () Delete
Name: LUBER, ROBERT
Address: 7721 HIGHLANDS CIR
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: SMITH, KATHLEEN
Address: 7769 HIGHLANDS CIR
City-St-Zip: MARGATE, FL 33063

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LOU LENTINI

TD

03/04/2007

Electronic Signature of Signing Officer or Director

Date