

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90353 038 \*\*\*\*70.00

**DOCUMENT # N31046**

1. Entity Name  
**HIGHLAND LAKES TOWNHOMES OWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**PROFESSIONAL COMMUNITY MANAGEMENT, INC  
786 BLANDING BLVD, #118  
ORANGE PARK, FL 32065 US**

Mailing Address  
**PROFESSIONAL COMMUNITY MANAGEMENT, INC  
786 BLANDING BLVD, #118  
ORANGE PARK, FL 32065 US**

40042400



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01182006

Chg-NP

CR2E037 (11/05)

4. FEI Number

59-2966508

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALAN PERRY  
786 BLANDING BLVD, #118  
ORANGE PARK, FL 32065**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE SD ☐ Delete  
NAME CALLAHAN, EILEEN  
STREET ADDRESS 8208 LOCH AVON CT  
CITY-ST-ZIP JACKSONVILLE, FL 32244

TITLE PD ☐ Delete  
NAME PFEIFFER, ERICH  
STREET ADDRESS 7772 COATBRIDGE LANE S  
CITY-ST-ZIP JACKSONVILLE, FL 32244

TITLE VD ☐ Delete  
NAME ABSELL, MONICA  
STREET ADDRESS 8185 LOCH AVON CT  
CITY-ST-ZIP JACKSONVILLE, FL 32244

TITLE TD ☐ Delete  
NAME BOWDEN, TAMMY  
STREET ADDRESS 8181 LOCH AVON CT  
CITY-ST-ZIP JACKSONVILLE, FL 32244

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/17/06

298-2321