2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # N37577 03-31-2006 90018 034 ****61.25 CLUBHOUSE VILLAGE OF HIGHLAND LAKES HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address C/O INFINITI PROPERTY AMNAGEMENT C/O INFINITI PROPERTY AMNAGEMENT 1301 SEMINOLE BLVD 110 1301 SEMINOLE BLVD LARGO, F 33770 LARGO, FL 33770 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03162006 Chg-NP CR2E037 (11/05) City & State City & State 4. FEI Number 59-3030838 Applied For Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent INFINITI PROPERTY MANAGEMENT INC Street Address (P.O. Box Number is Not Acceptable) 1301 SEMINOLE BLVD SUITE 110 LARGO, FL 33770 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 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE ☐ Delete TITLE ☐ Change Addition CONNELLY, PAT NAME NAME 1600 HIGHLAND CLUB COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM HARBOR, FL 34684 CITY-ST-ZIP TITLE Delete ☐ Addition TITLE ☐ Change SANGIACOMO, GERTRUDE NAME NAME STREET ADDRESS 1756 HIGHLAND CLUB CT STREET ADDRESS CITY-ST-ZIP PALM HARBOR, FL CITY-ST-ZIP V/D 7ITLE VD. **Z** Delete TITLE ☐ Change Addition FERGUSSON, DAVID NAME NAME LENTRICCHIA, DANTE STREET ADDRESS 1800 HIGHLAND CLUB COURT STREET ADDRESS 1804 HIGHLAND CLUB COURT PALM HARBOR, FL 34684 CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR, FL 34684 TITLE ☐ Delete TITLE ☐ Change ☐ Addition

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 regiever 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 attachingent with any address, with all other like empowered.

NAME

TITLE

NAME

TITLE

NAME

Delete

☐ Defete

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/0C

FILED Mar 31, 2006 8:00 am

Daytime Phone #

☐ Change

☐ Change

☐ Addition

☐ Addition