

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90315 029 ****61.25

DOCUMENT # N39833

1. Entity Name
HIGHLAND MEDICAL OFFICE COMPLEX PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
**POST OFFICE BOX 100
INVERNESS, FL 32651-7250**

Mailing Address
**1301 RIVERPLACE ROAD
2130
JACKSONVILLE, FL 32207**

40047060



2. Principal Place of Business

3. Mailing Address

830 Medical Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03222006 Chg-NP CR2E037 (11/05)

City & State

City & State
Inverness, FL

4. FEI Number
59-3055822

Applied For
Not Applicable

Zip

Country

Zip

34452

Country

USA

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

**EDEN, JOHN H. IV PA
52 U.S. HWY 41 SOUTH
INVERNESS, FL 34450**

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
NAME
STREET ADDRESS
CITY- ST- ZIP
**SDT
WHITCRAFT, NICHOLAS R
1301 RIVERPLACE BLVD, SUITE 2180
JACKSONVILLE, FL 32207** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DP
WHITCRAFT, EDWARD
AB 31 PO BOX 592548
MIAMI, FL 33159** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
MILLS, J. PAUL
177 ST CLEMONT'S AVE
TORONTO, CANADA, m4r 1h1** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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CITY- ST- ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
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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 #

David H. [Signature]

4/10/06

352-726-6633