


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90038 046 \*\*\*\*61.25

<b>DOCUMENT # N43731</b> 1. Entity Name <b>HIGH VISTA SOUTH PROPERTY OWNERS' ASSOCIATION, INC.</b>			
Principal Place of Business <b>5212 SLIGH RD LAKELAND, FL 33813 US</b>		Mailing Address <b>5212 SLIGH RD LAKELAND, FL 33813 US</b>	
2. Principal Place of Business - No P.O. Box # <b>5227 Sligh Rd.</b> Suite, Apt. #, etc.		3. Mailing Address <b>5227 Sligh Rd.</b> Suite, Apt. #, etc.	
City & State <b>Lakeland, FL</b>		City & State <b>Lakeland, FL</b>	
Zip <b>33813</b>	Country <b>USA</b>	Zip <b>33813</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent  <b>SINGLE, YONA 5212 SLIGH RD LAKELAND, FL 33813</b>		7. Name and Address of New Registered Agent Name <b>Laura Maitthauer</b> Street Address (P.O. Box Number is Not Acceptable) <b>5227 Sligh Rd.</b> City <b>Lakeland</b> <b>FL</b> Zip Code <b>33813</b>	
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 <u><i>Laura M. Maitthauer</i></u> <span style="float: right;">1-16-08</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DESCHAMPS, CESAR 5203 SLIGH RD LAKELAND, FL 33813 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T15/D Laura Maitthauer 5227 Sligh Rd Lakeland, FL 33813 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KENNEDY, DICK 5231 SLIGH ROAD LAKELAND, FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Dick Kennedy 5231 Sligh Rd Lakeland, FL 33813 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SINGLE, YONA H 5212 SLIGH RD LAKELAND, FL 33813 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: <u><i>Laura M. Maitthauer</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-16-08 863-644-4026 <small>Date Daytime Phone #</small>	