

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N45970	
1. Entity Name HIGHLAND STATION HOMEOWNERS ASSOCIATION, INC.	
Principal Place of Business 6335 CONDUCTOR CT. LAKELAND, FL 33813 US	Mailing Address 6335 CONDUCTOR CT. LAKELAND, FL 33813 US



**FILED**  
**Aug 04, 2008 08:00 AM**  
**Secretary of State**



07152008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3118081	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  SMITH, DEBORAH 6335 CONDUCTOR CT. LAKELAND, FL 33813
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**DO NOT WRITE  
IN THIS SPACE**

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 *Deborah Smith* DATE 7/31/08  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, DEBORAH 6335 CONDUCTOR CT. LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEINMETZ, NICOLE 1051 STATION STREET LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM FLEMING, GALINDA 1027 STATION STREET LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM CARL, SAMANTHA 6333 CONDUCTOR COURT LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM CHANDLER, REBECCA 6317 CONDUCTOR COURT LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM WILSON, GIDGET 6329 CONDUCTOR COURT LAKELAND, FL 33813

U00000957063  
08/04/08-80008-001 70.00

**DO NOT WRITE  
IN THIS SPACE**

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: *Deborah Smith* DEBORAH K. SMITH 7/31/08 863-370-7356  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #