
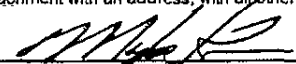


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # N46690 1. Entity Name THE HIGHLANDS ADDITION, PHASE I PROPERTY OWNERS' ASSOCIATION, INC.		
Principal Place of Business P.O. BOX 6586 LAKELAND, FL 33813	Mailing Address P.O. BOX 6586 LAKELAND, FL 33813	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KENWRIGHT, NOLA 2511 HIGHLANS VUE PARKWAY LAKELAND, FL 33813		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KERNEN, MIKE 2502 HIGHLANDS VUE PKWY LAKELAND, FL 33813	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FREMGEN, ERIC 2581 HIGHLANDS VE PKWY LAKELAND, FL 33813	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KENWRIGHT, NOLA 2511 HIGHLANDS VUE PKWY LAKELAND, FL 33813	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANN RODGERS, MARY 2544 HIGHLANDS VUE PKWY LAKELAND, FL 33813	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  MIKE KERNEN <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/29/05 <small>Date</small> 863/ 648-4151 <small>Daytime Phone #</small>



02222005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3104438	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**