

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2006 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**



03182006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-3104438**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Applied For  
Not Applicable

6. Name and Address of Current Registered Agent  
**KENWRIGHT, NOLA  
2511 HIGHLANDS 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 \_\_\_\_\_ (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**

UD0000478302  
04/07/06-2006-012-61.25

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	

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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:** *Nola J. Kenwright* **NOLA J. KENWRIGHT** **3/18/06** **8636446246**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **TREASURER** Date Daytime Phone