


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2008 8:00 am**  
**Secretary of State**

05-16-2008 90016 003 \*\*\*\*61.25

<b>DOCUMENT # N46690</b>	
1. Entity Name <b>THE HIGHLANDS ADDITION, PHASE I PROPERTY OWNERS' ASSOCIATION, INC.</b>	

Principal Place of Business <b>P.O. BOX 6586 LAKELAND, FL 33813</b>	Mailing Address <b>P.O. BOX 6586 LAKELAND, FL 33813</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01212008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-3104438</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>KENWRIGHT, NOLA 2511 HIGHLANDS VUE PARKWAY LAKELAND, FL 33813</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<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</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KERNEN, MIKE			NAME	KERNEN MIKE		
STREET ADDRESS	2502 HIGHLANDS VUE PKWY			STREET ADDRESS	2502 Highlands Vue Pkwy		
CITY-ST-ZIP	LAKELAND, FL 33813			CITY-ST-ZIP	LAKELAND, FL 33812		
TITLE	VD	<input type="checkbox"/> Delete		TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FREMGEN, ERIC			NAME	ANDERSON, KEVEN		
STREET ADDRESS	2581 HIGHLANDS VE PKWY			STREET ADDRESS	2517 Highlands Vue Pkwy		
CITY-ST-ZIP	LAKELAND, FL 33813			CITY-ST-ZIP	LAKELAND, FL 33812		
TITLE	TD	<input type="checkbox"/> Delete		TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KENWRIGHT, NOLA			NAME	KENWRIGHT, NOLA		
STREET ADDRESS	2511 HIGHLANDS VUE PKWY			STREET ADDRESS	2511 Highlands Vue Pkwy		
CITY-ST-ZIP	LAKELAND, FL 33813			CITY-ST-ZIP	LAKELAND, FL 33812		
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDERSON, DONNA			NAME			
STREET ADDRESS	2517 HIGHLANDS VUE PKWY			STREET ADDRESS			
CITY-ST-ZIP	LAKELAND, FL 33812			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 4/21/08