

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46690

FILED  
Apr 22, 2009  
Secretary of State

**Entity Name:** THE HIGHLANDS ADDITION, PHASE I PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 6586  
LAKELAND, FL 33813

**New Principal Place of Business:**

2511 HIGHLANDS VUE PARKWAY  
LAKELAND, FL 33812

**Current Mailing Address:**

P.O. BOX 6586  
LAKELAND, FL 33813

**New Mailing Address:**

2511 HIGHLANDS VUE PARKWAY  
LAKELAND, FL 33812

**FEI Number:** 59-3104438

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KENWRIGHT, NOLA  
2511 HIGHLANDS VUE PARKWAY  
LAKELAND, FL 33813 US

**Name and Address of New Registered Agent:**

KENWRIGHT, NOLA  
2511 HIGHLANDS VUE PARKWAY  
LAKELAND, FL 33812 US

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.

SIGNATURE: \_\_\_\_\_

04/22/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KERNEN, MIKE  
Address: 2502 HIGHLANDS VUE PARKWAY  
City-St-Zip: LAKELAND, FL 33812

Title: VD ( ) Delete  
Name: ANDERSON, KEVEN  
Address: 2517 HIGHLANDS VUE PARKWAY  
City-St-Zip: LAKELAND, FL 33812

Title: TD ( ) Delete  
Name: KENWRIGHT, NOLA  
Address: 2511 HIGHLANDS VUE PKWY  
City-St-Zip: LAKELAND, FL 33813

Title: SD ( ) Delete  
Name: ANDERSON, DONNA  
Address: 2517 HIGHLANDS VUE PKWY  
City-St-Zip: LAKELAND, FL 33812

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: KENWRIGHT, NOLA  
Address: 2511 HIGHLANDS VUE PKWY  
City-St-Zip: LAKELAND, FL 33812

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NOLA J. KENWRIGHT

TREA

04/22/2009

Electronic Signature of Signing Officer or Director

Date