## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000002165

Entity Name: HIGHLAND LAKE ASSOCIATION, INC.

FILED Mar 24, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

P O BOX 196441

WINTER SPRINGS, FL 32708 US

WINTER SPRINGS, FL 32708 US

460 DEWARS CT

**Current Mailing Address: New Mailing Address:** 

P O BOX 196441

WINTER SPRINGS, FL 32708 US

FEI Number: 59-3188134 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

FITZGERALD, DAVID F 460 DEWARS CT

WINTER SPRINGS, FL 32708 US

**OFFICERS AND DIRECTORS:** 

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:

Date

## Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

BROWN, SHIRLEY LEBLANC, KAREN Name: Name: 470 DEWARS CT Address: 462 DEWARS CT Address:

City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: WINTER SPRINGS, FL 32708

Title: () Delete Title: (X) Change ( ) Addition

LUTCHMIDAT, ANDREA Name: Name: RAMSEY, DENNIS Address: 465 DEWARS CT. Address: 465 DEWARS CT.

City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: WINTER SPRINGS, FL 32708

Title: () Delete Title: () Change () Addition

FITZGERALD, DAVID F Name: Name: 460 DEWARS CT Address: Address: City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip:

Title: SD ( ) Delete Title: (X) Change ( ) Addition

Name: SNYDER, RONA Name: SNYDER, RONA Address: 464 DEWARS CT Address: 464 DEWARS CT

City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: WINTER SPRINGS, FL 32708

Title: () Delete Title: ( ) Change (X) Addition

ROTOLO, THERESA Name: Name: 467 MACGREGOR RD Address: Address: WINTER SPRINGS, FL 32708 City-St-Zip: 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: DENNIS RAMSEY MR. 03/24/2009