

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002434

FILED
Apr 09, 2007
Secretary of State

Entity Name: THE HIGHLANDS HOMEOWNERS' ASSOCIATION OF TALLAHASSEE, INC.

Current Principal Place of Business:

431 WAVERLY RD.
TALLAHASSEE, FL 32312 US

New Principal Place of Business:

Current Mailing Address:

431 WAVERLY RD.
TALLAHASSEE, FL 32312 US

New Mailing Address:

FEI Number: 59-3183708

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISAACS, DAN LEE
431 WAVERLY RD.
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LAWLEY, SCOTT
Address: 5370 APPLIEDORE LANE
City-St-Zip: TALLAHASSEE, FL 32309

Title: DVP () Delete
Name: DUNN, JO
Address: 5364 APPLIEDORE LANE
City-St-Zip: TALLAHASSEE, FL 32309

Title: DT () Delete
Name: MESSER, NANCY
Address: 5366 TEWKESBURY TRACE
City-St-Zip: TALLAHASSEE, FL 32309

Title: D (X) Delete
Name: CLIFFORD, DOROTHY
Address: 5353 TEWKESBURY TRACE
City-St-Zip: TALLAHASSEE, FL 32309

Title: D (X) Delete
Name: MAYFIELD, NORMAN
Address: 5378 APPLIEDORE LANE
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: WILSON, MARK
Address: 5356 TEWKESBURY TRACE
City-St-Zip: TALLAHASSEE, FL 32309

Title: DVP (X) Change () Addition
Name: FOLMAR, SUZANNE
Address: 5377 APPLIEDORE LANE
City-St-Zip: TALLAHASSEE, FL 32309

Title: DS (X) Change () Addition
Name: SILVER, DEE
Address: 5374 APPLIEDORE LANE
City-St-Zip: TALLAHASSEE, FL 32309

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK WILSON

DP

04/09/2007

Electronic Signature of Signing Officer or Director

Date