

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002434

FILED
Apr 20, 2008
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:

528 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Current Mailing Address:

431 WAVERLY RD.
TALLAHASSEE, FL 32312 US

New Mailing Address:

528 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

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:

ISAACS, DAN LEE
528 E. PARK AVENUE
TALLAHASSEE, FL 32301 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:

04/20/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVP (X) Change () Addition
Name: GORHAM, DARRYL MR.
Address: 5354 TEWKESBURY TRACE
City-St-Zip: TALLAHASSEE, FL 32309

Title: DT (X) Change () Addition
Name: MESSER, NANCY MS.
Address: 5378 PADDINGTON DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Change (X) Addition
Name: LARAIA, LINDA MS.
Address: 5391 APPLIEDORE LANE
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Change (X) Addition
Name: ROBINSON, BARBARA J MS.
Address: 5360 TEWKESBURY TRACE
City-St-Zip: TALLAHASSEE, FL 32309

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: MARK WILSON

DP

04/20/2008

Electronic Signature of Signing Officer or Director

Date