2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002434

FILED Aug 11, 2009 Secretary of State

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

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

528 E. PARK AVENUE
TALLAHASSEE, FL 32301 US
2935 WHIRLAWAY TRAIL
TALLAHASSEE, FL 32309 US

Current Mailing Address: New Mailing Address:

528 E. PARK AVENUE 2910 KERRY FOREST PKY

TALLAHASSEE, FL 32301 US D4, BOX 303
TALLAHASSEE, FL 32309 US

TALLATIAGGLE, TE 92000 GC

FEI Number: 59-3183708 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

ISAACS, DAN LEE ROJAS, COLLEEN
528 E. PARK AVENUE 2935 WHIRLAWAY TRAIL
TALLAHASSEE, FL 32301 US TALLAHASSEE, FL 32309 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: KELLY ROJAS 08/11/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 WILSON, MARK MR.
 Name:
 LARAIA, LINDA MS

 Address:
 5356 TEWKESBURY TRACE
 Address:
 5391 APPLEDORE LANE

 City-St-Zip:
 TALLAHASSEE, FL 32309
 City-St-Zip:
 TALLAHASSEE, FL 32309

Title: DVP () Delete Title: DVP (X) Change () Addition Name: GORHAM, DARRYL MR. Name: FOLMAR, SUZANNE MS.

Address: 5354 TEWKESBURY TRACE Address: 5377 APPLEDORE LANE
City-St-Zip: TALLAHASSEE, FL 32309 City-St-Zip: TALLAHASSEE, FL 32309

 Name:
 MESSER, NANCY MS.
 Name:
 ENCIZO, KAREN MS.

 Address:
 5378 PADDINGTON DRIVE
 Address:
 5372 PADDINGTON DRIVE

 City-St-Zip:
 TALLAHASSEE, FL 32309
 City-St-Zip:
 TALLAHASSEE, FL 32309

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf DS} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

 Name:
 LARAIA, LINDA MS.
 Name:
 SILVERS, DELORES MS.

 Address:
 5391 APPLEDORE LANE
 Address:
 5374 APPLEDORE LANE

 City-St-Zip:
 TALLAHASSEE, FL 32309
 City-St-Zip:
 TALLAHASSEE, FL 32309

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

 Name:
 ROBINSON, BARBARA J MS.
 Name:

 Address:
 5360 TEWKESBURY TRACE
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32309
 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: LINDA LARAIA PRES 08/11/2009