

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002434

**FILED**  
**Jan 30, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

2121 KILLARNEY WAY  
TALLAHASSEE, FL 32309 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 11143  
TALLAHASSEE, FL 32302 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:**

FLORIDA ASSOCIATION & PROPERTY MANAGEMENT  
2121 KILLARNEY WAY  
TALLAHASSEE, FL 32309 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  
Name: WILSON, MARK  
Address: POST OFFICE BOX 11143  
City-St-Zip: TALLAHASSEE, FL 32302

Title: DVP  
Name: MURPHY, SAM  
Address: POST OFFICE BOX 11143  
City-St-Zip: TALLAHASSEE, FL 32302

Title: DST  
Name: REGISTER, LARRY  
Address: POST OFFICE BOX 11143  
City-St-Zip: TALLAHASSEE, FL 32302

I hereby 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 all other like empowered.

SIGNATURE: JOANIE TROTMAN

RA

01/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date