2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008
Secretary of State

DOCUMENT# N93000005499

Entity Name: HIGHLANDS OF LAKE MARY HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-3247576 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR.
2180 W. STATE ROAD 434
SUITE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044 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: JAMES W HART JR 04/11/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: JOHNSTON, WALTER
Address: 3569 MOSS POINTE PL
City-St-Zip: LAKE MARY, FL 32746

Title: PD ( ) Delete
Name: CUCCINELLO, PAUL
Address: 3568 MOSS POINTE PL
City-St-Zip: LAKE MARY, FL 32746

Title: SD ( ) Delete
Name: GONZALEZ, OSCAR
Address: 869 GARDEN GLEN LP
City-St-Zip: LAKE MARY, FL 32746

Title: TD ( ) Delete
Name: BOSTICK, DOUG
Address: 3505 MOSS POINT PL
City-St-Zip: LAKE MARY, FL 32746

Title: VPD (X) Delete
Name: ECKENSWILLER, LAURIE
Address: 3557 MOSS POINTE PL
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: JOHNSTON, WALTER
Address: 3569 MOSS POINTE PL
City-St-Zip: LAKE MARY, FL 32746

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

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

Title: TD (X) Change ( ) Addition
Name: COHN, STEVE
Address: 3564 MOSS POINTE PL
City-St-Zip: LAKE MARY, FL 32746

Title: ( ) Change ( ) Addition
Name:
Address:
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: PAUL CUCCINELLO PD 04/11/2008
Electronic Signature of Signing Officer or Director Date