

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90315 037 ****61.25

DOCUMENT # N94000002266

1. Entity Name

HIGHGATE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

2189 CLEVELAND ST
STE 225
CLEARWATER FL 33765
US

Mailing Address

2189 CLEVELAND ST
STE 225
CLEARWATER FL 33765
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3249280

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEIGHTON, LENNARD A
2189 CLEVELAND ST
STE 225
CLEARWATER FL 33765

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VPD ☐ Delete
NAME STEPHANI, JENNIFER
STREET ADDRESS 3798 PENDLEBURY DRIVE
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE PD ☐ Delete
NAME FRY, KELVIN
STREET ADDRESS 4663 ILEX COURT
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE SD ☐ Delete
NAME ROMANELLO, DEANNA
STREET ADDRESS 3821 SIENA LANE
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE TD ☒ Delete
NAME PATTERSON, JIM
STREET ADDRESS 4700 ILEX CT
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE D ☒ Delete
NAME SCHULTZ, BARBARA
STREET ADDRESS 3692 SIENA LANE
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME TD
STREET ADDRESS REYNOLDS, JOAN
CITY-ST-ZIP 3797 PENDLEBURY DRIVE
PALM HARBOR FL 34685

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS PRICE, CAROL
CITY-ST-ZIP 3785 PENDLEBURY DRIVE
PALM HARBOR FL 34685

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Deanna Romanello* 4-13-06