2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004111

FILED Apr 27, 2007 Secretary of State

Entity Name: THE HIGHLANDS ADDITION, PHASE II, WOODWIND HILLS, & WOODWIND HILLS ADDITION,

PROPERTY OWNERS' ASSOCIATION, INC.

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

2161 E CR 540 A #140 LAKELAND, FL 33813 US

Current Mailing Address: New Mailing Address:

2161 E CR 540 A #140 2161 E CR 540 A #140 LAKELAND, FL 33813 US LAKELAND, FL 33812 US

FEI Number: 59-3263592 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HAUBENSTEIN, JOESPH

2646 WOODWIND HILLS LN

LAKELAND, FL 33813 US

LOUDON, MIKE

5604 WOODWIND HILLS DRIVE

LAKELAND, FL 33812 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: MIKE LOUDON 04/27/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Address: 2646 WOODWIND HILLS LANE Address: 5604 WOODWIND HILLS DRIVE

City-St-Zip: LAKELAND, FL 33813 City-St-Zip: LAKELAND, FL 33812

Title: VP () Delete Title: VP (X) Change () Addition Name: COLBERT, BENNIE Name: WOLFE, JOHN

Name: COLBERT, BENNIE Name: WOLFE, JOHN
Address: 2720 HIGHLANDS VUE PKWY Address: 2634 WOODWIND HILLS LN

City-St-Zip: LAKELAND, FL 33813 City-St-Zip: LAKELAND, FL 33812

Title: S () Delete Title: S (X) Change () Addition
Name: WILLEY, LARRY Name: LENOARD, MICHELLE

Name: WILLEY, LARRY Name: LENOARD, MICHELLE
Address: 2597 HIGHLANDS VUE PKWY Address: 5515 HARRELLS NURSERY RD

City-St-Zip: LAKELAND, FL 33813 City-St-Zip: LAKELAND, FL 33812

Title: T () Delete Title: () Change () Addition

 Name:
 CUTLER, HENRY
 Name:

 Address:
 2623 WOODWINDS HILLS LANE
 Address:

 City-St-Zip:
 LAKELAND, FL 33813
 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: HENRY CUTLER T 04/27/2007