

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N94000006263

1. Entity Name
HIGHLAND FOREST ASSOCIATION, INC.



Principal Place of Business
1324 WILSHIRE CT S
JACKSONVILLE, FL 32259 US

Mailing Address
P O BOX 600056
JACKSONVILLE, FL 32260-0056 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3306764

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, RICK
1544 HIGHLAND FOREST DR
JACKSONVILLE, FL 32259

Name
PAT GUILFORD

Street Address (P.O. Box Number is Not Acceptable)
1529 HIGHLAND FOREST DR.

JACKSONVILLE

City **FL** Zip Code **32259**

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

Patricia M Guilford

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

(NOTE: Registered Agent signature required when reinstating)

2-5-07

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | | | |
|--|---|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S OSWANDER, LYNN 1324 WILSHIRE CT S JACKSONVILLE, FL 32259 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P JOHNSON, RICK HIGHLAND FOREST DRIVE JACKSONVILLE, FL 32259 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>VP MARTY PATE JR. 1329 WILSHIRE CT S. ST JOHNS, FL 32259</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AL BUDWY, WALT 1532 HIGHLAND FOREST DR JACKSONVILLE, FL 32259 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD PAT, GILFORD 1529 HIGHLAND FOREST DR JACKSONVILLE, FL 32259 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BERLINGO, FRANK 1321 WILSHIRE CT S JACKSONVILLE, FL 32259 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>PRESIDENT</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Frank Berlingo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/05/2007 (904) 230-2019
Date Daytime Phone #