2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000006263



FILED Mar 13, 2008 8:00 am Secretary of State

1. Entity Name HIGHLAND FOREST ASSOCIATION, INC.							03-13-2008	90038 0.	33 * * * * 0.	1.23
Principal Place of Business 1324 WILSHIRE CT S IACKSONVILLE, FL 32259 US Mailing Address P 0 BOX 600056 IACKSONVILLE, FL 32260				260-0056	us		XIII 11011 90111 10111 8411		11	
2. Principal Place of Business - No P.O. Box # 3. Mai			3. Mailing Address	eiling Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-NP	CR2E03	7 (12/06)	
City & State			City & State	City & State			4. FEI Number Applied For 59-3306764 Not Applicable			
Zip Country		Zip			5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name	and Address of Current I	Registered Agent	<u> </u>	Mome	7. Name and A	ddress of New R	legistered A	\gent	
GUILFORD, PAT ———————————————————————————————————					Street Address (P.O. Box Number is Not Acceptable)					
				l						
					City			FL	Zip Cod	e
	named entiti ions of regist		r the purpose of changing its	registered	office or registe	ered agent, or both	, in the State of Flo	orida. Fam 1	amiliar with,	and accept
SIGNATURE .	Signature, typed	l or printed name of registered agent i	and trie if applicable. (NOT	E: Registered Ag	gont eignáture require	eri when renetation)		DATE		
	_	e is \$61.25 flay 1, 2008	9. Election Ca Trust Fund		ncing _	\$5.00 May Be Added to Fees		lake check	payable to	
10.	_		Trust Fund	mpaign Fina	incing	\$5.00 May Be	Flor	lake check Ida Depar	tment of S	tate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OSWAND 1324 WIL	OFFICERS AND DIE DER, LYNN SHIRE CT S	Trust Fund	mpaign Fina Contribution 11. TITLE NAME STREET A	LODRESS 132	\$5.00 May Be Added to Fees ADDITIONS/CHA	Flor NGES TO OFFICE VIN CT. S.	lake check Ida Depar RS AND DIF	tment of S	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OSWAND 1324 WIL JACKSON	OFFICERS AND DIF	Trust Fund	mpaign Fina Contribution 11. TITLE NAME STREET A CITY-ST-	NODRESS 1324	\$5.00 May Be Added to Fees ADDITIONS/CHA	Flor NGES TO OFFICE VIN CT. S.	lake check Ida Depar RS AND DIF	TECTORS IN	tate 110
TITLE NAME STREET ADDRESS	S OSWAND 1324 WIL JACKSON	OFFICERS AND DIF DER, LYNN SHIRE CT S NVILLE, FL 32259	Trust Fund	mpaign Fina Contribution 11. TITLE NAME STREET A CATY-ST-	DORESS JAC	\$5.00 May Be Added to Fees ADDITIONS/CHAI VANDEL, KE WILSHIRE KSONVILLE, I	Flor NGES TO OFFICE VIN CT. S.	lake check Ida Depar RS AND DIF	TECTORS IN	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	S OSWAND 1324 WIL JACKSON P PAT, MAA	OFFICERS AND DIF DER, LYNN SHIRE CT S NVILLE, FL 32259	Trust Fund	mpaign Fina Contribution 11. TITLE NAME STREET A CITY-ST-	P Osw 132'	\$5.00 May Be Added to Fees ADDITIONS/CHA	Flor NGES TO OFFICE VIN CT. S.	lake check Ida Depar RS AND DIF	TECTORS IN	tate 110
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	S OSWAND 1324 WIL JACKSON P PAT, MAA 1329 WIL	OFFICERS AND DIF DER, LYNN SHIRE CT S NVILLE, FL 32259	Trust Fund	TIPE NAME	DORESS 132.4 JAC STORMANDORESS 131.4	\$5.00 May Be Added to Fees ADDITIONS/CHA VANDEL, KE Y WILSHIZE KSONVILLE, I	Flor NGES TO OFFICE VIN CT, S. F4 32259	lake check Ida Depar RS AND DIF	TECTORS IN	tate 110
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	S OSWAND 1324 WIL JACKSON P PAT, MAA 1329 WIL ST JOHN AL BUDWY, 1532 HIG	OFFICERS AND DIF	Trust Fund	TIPLE NAME STREET A CITY-ST- TITLE NAME STREET A CITY-ST- TITLE NAME STREET A	DORESS JAC LOORESS JAC LOOREST JAC LOORESS JAC LOORESS JAC LOORESS JAC LOORESS JAC LOORES	\$5.00 May Be Added to Fees ADDITIONS/CHA VAN DEL , KE WILSHIZE KSONVILLE , II BE JODI WILSHIZE KSONVILLE , II WILSHIZE KSONVILLE , II WILSHIZE KSONVILLE , II WILSHIZE KSONVILLE , II WALT HIGHLAND	Flor NGES TO OFFICE VIN CT. S. =4 32259 CT. S FL 32259 ER FOREST DR	lake check Ida Depar RS AND DIF	TECTORS IN	tate 110
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	S OSWAND 1324 WIL JACKSON P PAT, MAA 1329 WIL ST JOHN AL BUDWY, 1532 HIG JACKSON SD PAT, GILI 1529 HIG	OFFICERS AND DIF	Trust Fund	TITLE NAME STREET A CITY-ST- TITLE NAME STREET A CITY-ST- TITLE NAME STREET A STREET A STREET A	DORESS JAC. ADDRESS JAC. AL BRC. BRC. 131: -ZIP JAC. TG. ADDRESS G. TG.	\$5.00 May Be Added to Fees ADDITIONS/CHA VAN DEL KEY WILSHIZE KSONVILLE TO BE JOBI WILSHIZE BE JOBI WILSHIZE KSONVILLE TO BE	Flor NGES TO OFFICE VIN CT. S. FL 32259 CT. S FL 32259 ER FOREST DR	lake check Ida Depar RS AND DIF	tment of Si RECTORS IN Change	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	S OSWAND 1324 WIL JACKSON P PAT, MAA 1329 WIL ST JOHN AL BUDWY, 1532 HIG JACKSON SD PAT, GILI 1529 HIG JACKSON P BERLING 1321 WIL	OFFICERS AND DIF DER, LYNN SHIRE CT S NVILLE, FL 32259 ARY JR LSHIRE CT S , FL 32259 WALT HLAND FOREST DR NVILLE, FL 32259 FORD HLAND FOREST DR	Trust Fund	mpaign Fina Contribution 11. TITLE NAME STREET A CITY-ST-	ADDRESS JAC	\$5.00 May Be Added to Fees ADDITIONS/CHA VAN DEL , KE VAN DEL , VAN VALTE	Flor NGES TO OFFICE VIN CT. S. EL 32259 CT. S FL 32259 ER FOREST DR ECL 32259 T ECHELE CT. S	lake check	tment of Si RECTORS IN Change Change	Addition Addition 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 AND TYPED OR HEINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytrne Phone #
SIGNATURE: Pat Guilford PAT Guilford	3-10-08	904-234-2008