

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006263

FILED  
Jan 25, 2009  
Secretary of State

Entity Name: HIGHLAND FOREST ASSOCIATION, INC.

## Current Principal Place of Business:

1324 WILSHIRE CT S  
JACKSONVILLE, FL 32259 US

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 600056  
JACKSONVILLE, FL 322600056 US

## New Mailing Address:

FEI Number: 59-3306764

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GUILFORD, PAT  
1529 HIGHLAND FOREST DRIVE  
JACKSONVILLE, FL 32259 US

## Name and Address of New Registered Agent:

GUILFORD, PAT  
1529 HIGHLAND FOREST DR  
JACKSONVILLE, FL 32259 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:

01/25/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: OSWANDEL, KEVIN  
Address: 1324 WILSHIRE CT S  
City-St-Zip: JACKSONVILLE, FL 32259

Title: S ( ) Delete  
Name: STOBE, JODI  
Address: 1312 WILSHIRE CT S  
City-St-Zip: JACKSONVILLE, FL 32259

Title: AL ( ) Delete  
Name: BROWN, WALTER  
Address: 1532 HIGHLAND FOREST DR  
City-St-Zip: JACKSONVILLE, FL 32259

Title: SD ( ) Delete  
Name: PAT, GILFORD  
Address: 1529 HIGHLAND FOREST DR  
City-St-Zip: JACKSONVILLE, FL 32259

Title: VP ( ) Delete  
Name: ORTALANI, MICHELE  
Address: 1300 WILSHIRE CT S  
City-St-Zip: JACKSONVILLE, FL 32259

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: SD (X) Change ( ) Addition  
Name: PAT, GUILFORD  
Address: 1529 HIGHLAND FOREST DR  
City-St-Zip: JACKSONVILLE, FL 32259

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: PAT GUILFORD

SD

01/25/2009

Electronic Signature of Signing Officer or Director

Date