

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006263

FILED  
Jan 18, 2011  
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:**

1529 HIGHLAND FOREST DR.  
JACKSONVILLE, FL 32259 US

**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 DR  
JACKSONVILLE, FL 32259 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CHERNYSHEV, PAUL  
Address: 1504 HIGHLAND FOREST DR.  
City-St-Zip: JACKSONVILLE, FL 32259

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

Title: AL  
Name: MIZELL, PAT  
Address: 1544 HIGHLAND FOREST DR  
City-St-Zip: JACKSONVILLE, FL 32259

Title: SD  
Name: PAT, GUILFORD  
Address: 1529 HIGHLAND FOREST DR  
City-St-Zip: JACKSONVILLE, FL 32259

Title: VP  
Name: ORTOLANI, MICHELLE  
Address: 1300 WILSHIRE CT S  
City-St-Zip: JACKSONVILLE, FL 32259

I hereby 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 all other like empowered.

SIGNATURE: PAT GUILFORD

TREA

01/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date