

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 15, 2008  
Secretary of State

DOCUMENT# N96000000240

Entity Name: HIGHLANDAIRES BIG BAND, INC.

**Current Principal Place of Business:**

308 OAK KNOLLS CIRCLE  
SEBRING, FL 33870

**New Principal Place of Business:**

1655 LAKEVIEW DRIVE A-201  
SEBRING, FL 33870

**Current Mailing Address:**

308 OAK KNOLLS CIRCLE  
SEBRING, FL 33870

**New Mailing Address:**

1655 LAKEVIEW DRIVE A-201  
SEBRING, FL 33870

FEI Number: 65-0625063

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCCOLLUM, JAMES F  
129 S COMMERCE AVENUE  
SEBRING, FL 33870 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: PD ( ) Delete  
Name: SCHWARB, ALLAN  
Address: 1206 CYPRESS POINTE  
City-St-Zip: WINTER HAVEN, FL 33884

Title: VPD ( ) Delete  
Name: NAYLOR, DAVID  
Address: 2800 S. DRIFTWOOD CT.  
City-St-Zip: AVON PARK, FL 33825

Title: STD ( ) Delete  
Name: WOLCOTT, WILLIAM  
Address: 308 OAK KNOLLS CIR.  
City-St-Zip: SEBRING, FL 33870

Title: D (X) Delete  
Name: GRAVES, PETER  
Address: 1655 LAKEVIEW DR  
City-St-Zip: SEBRING, FL 33870

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: GRAVES, PETER  
Address: 1655 LAKEVIEW DRIVE A-201  
City-St-Zip: SEBRING, FL 33870

Title: VP (X) Change ( ) Addition  
Name: NAYLOR, DAVID  
Address: 2800 S. DRIFTWOOD CT.  
City-St-Zip: AVON PARK, FL 33825

Title: D (X) Change ( ) Addition  
Name: MALEY, RICHARD A  
Address: 1315 WALKER CIRCLE EAST  
City-St-Zip: LAKELAND, FL 33805

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: PETER GRAVES

P

04/15/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date