# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 23, 2006 8:00 am**
**Secretary of State**
03-23-2006 90015 037 ****61.25

DOCUMENT # N97000003627

1. Entity Name
HIGHLAND COUNTRY ESTATES HOMEOWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 179 TOWER RD.<br>DEBARY, FL 32713 | 179 TOWER RD.<br>DEBARY, FL 32713 |

03172006 Chg-NP CR2E037 (11/05)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 162 Tower Road | 162 Tower Road |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: De Bary Florida | City & State: De Bary Florida |
| Zip: 32713 Country: USA | Zip: 32713 Country: USA |

4. FEI Number: 59-3493612 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

ROUSCH, JOANNE
179 TOWER RD.
DEBARY, FL 32713

**7. Name and Address of New Registered Agent**

Name: Robert L. DeCann
Street Address (P.O. Box Number is Not Acceptable): 162 Tower Road
City: De Bary FL Zip Code: 32713

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: Robert L. DeCann PD Robert L. DeCann 3/17/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2006**

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 | PD<br>ROUSH, JOANNE<br>179 TOWER RD.<br>DEBARY, FL 32713 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>Robert L. De Cann<br>162 Tower Road<br>De Bary Fl 32713 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>JELEN, ADAM<br>140 COLBURN DR<br>DEBARY, FL 32713 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>Donald Kraft<br>181 Forest Lane<br>De Bary Fl 32713 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>DECANN, MARY E<br>162 TOWER RD<br>DEBARY, FL 32713 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SABELLA, BARBARA<br>191 FOREST LANE<br>DEBARY, FL 32713 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>William Hayden<br>188 Forest Lane<br>De Bary Fl 32713 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BUSH, ADELINE<br>124 CHATEAU CIRCLE<br>DEBARY, FL 32713 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>PETZY, JOANNE<br>104 CLAIRMONT AVE.<br>DEBARY, FL 32713 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ 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:** Robert L. DeCann Robert L. DeCann 3/17/06 386-775-7427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #