2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N97000003627



FILED Mar 14, 2007 8:00 am Secretary of State

162 TOWER RD 163 TOWER RD 164 TOWER RD 165 T	1. Entity Name HIGHLAND COUNTRY ESTATES HOMEOWNERS ASSOCIATION, INC.					03-14-2007 90025	030 ****	61.25	
Subs. Apt. #. doc	Principal Place of Business 162 TOWER RD DEBARY, FL 32713		162 TOWER RD						
Subs. Apt. #. doc									
Suite, Apt. #, etc. Suite, Apt. #, etc. Coy. 4 States C						1 1 46 16 111 1 611 16 11 1611 1611 	II UIII III III III		
DEGANY FJ County 32.713 County					02222007	Chg-NP CR2E03	7 (12/06)		
To Country Zip 32.71/3 U.S.A 3.75 Additional See Production See Regulatory		ز معم		FL		12	J		
Name and Address of New Registered Agent Name	Zip	Country	Zip	Country	5. Certificate of S		\$8.75 Add	itional	
Name DECANN, ROBERT L	327		1 2 1 1	<u> </u>	7. Name and Ad			2	
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SIGNATURE City C Bary FL Zip Code 2.77.3	162 TOWER RD								
8. The above named entity submiss 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 Signature speed or primer name of equitations agent and she if applicable. (NOTE Registered Agent signature required Agent required A						ane			
SIGNATURE Signature, typed or printed search appart and table if applications in the children in the companies of the companies in the comp	City De Bo					FL			
Filling Fee Is \$81.25 Due by May 1, 2007 Filling Fee Is 2007 Filling F	*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.								
Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITTLE DECANN, ROBERT L STREET ADDRESS STREET A	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1.19. 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: Donald Kraft SIGNATURE:	NAME	'=	_ wine	i					
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			/i /	1 6// /	/ /	C			