2008 NOT-FOR-PROFIT CORPORATION

FILED Mar 07, 2008 8:00 am Secretary of State

03-07-2008 90030 006 ****61.25

ANNUAL REPORT

DOCUMENT # N97000003627

HIGHLAND COUNTRY ESTATES HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 181 FOREST LANE **181 FOREST LANE** 40040321 DEBARY, FL 32713 DEBARY, FL 32713 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02142008 Chg-NP CR2E037 (12/06) City & State 4. FEI Number 59-3493612 City & State Applied For Not Applicable Ζip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KRAFT, DONALD 181 FOREST LANE Street Address (P.O. Box Number is Not Acceptable) DEBARY, FL 32713 City Zip Code 8. The above named epithy 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 SIGNATURE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by May 1, 2008 Trust Fund Contribution Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE . TITI F Delete ☐ Change X Addition charlie Simone NAME . DECANN, ROBERT L NAME 215 Bittersweet Dr. De Bary, Fl 32713 STREET ADDRESS 162 TOWER RD STREET ADDRESS CITY-ST-ZIP **DEBARY, FL 32713** CITY-ST-7IP TITLE ☐ Delete MLE ☐ Change Addition NAME KRAFT, DONALD NAME STREET ADDRESS 181 FOREST LN STREET ADDRESS DEBARY, FL 32713 CITY-ST-ZIP CITY-ST-ZIP TITI F □ Delete TITLE ☐ Change ☐ Addition DECANN, MARY E NAME NAME STREET ADDRESS 162 TOWER RD STREET ADDRESS CITY-ST-ZIP DEBARY, FL 32713 CITY-ST-ZIP Delete TITLE ☐ Change Addition HAYDEN, WILLIAM NAME NAME STREET ADDRESS 188 FOREST LN STREET ADDRESS CITY-ST-ZIP **DEBARY, FL 32713** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BUSH, ADELINE NAME NAME STREET ADDRESS 124 CHATEAU CIRCLE STREET ADDRESS CITY-ST-ZIP DEBARY, FL 32713 CITY-ST-ZIP TTLE TD:.... ☐ Delete TITLE ☐ Chance ☐ Addition PETZY, JOANNE NAME NAME STREET ADDRESS 104 CLAIRMONT AVE. STREET ADDRESS CITY-ST-7IP DEBARY, FL 32713 CITY-ST-ZIP 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 suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 attackment with an address, with all other-like empowered. onald Kraft PD SIGNATURE: