

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003627

FILED
Feb 14, 2009
Secretary of State

Entity Name: HIGHLAND COUNTRY ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

181 FOREST LANE
DEBARY, FL 32713

New Principal Place of Business:

198 BITTERSWEET DRIVE
DEBARY, FL 32713

Current Mailing Address:

181 FOREST LANE
DEBARY, FL 32713

New Mailing Address:

198 BITTERSWEET DRIVE
DEBARY, FL 32713

FEI Number: 59-3493612

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRAFT, DONALD
181 FOREST LANE
DEBARY, FL 32713 US

Name and Address of New Registered Agent:

RAUSCH, KENNETH
198 BITTERSWEET DRIVE
DEBARY, FL 32713 US

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: KENNETH RAUSCH

02/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SIMONE, CHARLIE
Address: 215 BITTERSWEET DR
City-St-Zip: DEBARY, FL 32713

Title: PD () Delete
Name: KRAFT, DONALD
Address: 181 FOREST LN
City-St-Zip: DEBARY, FL 32713

Title: SD () Delete
Name: DECANN, MARY E
Address: 162 TOWER RD
City-St-Zip: DEBARY, FL 32713

Title: VD () Delete
Name: HAYDEN, WILLIAM
Address: 188 FOREST LN
City-St-Zip: DEBARY, FL 32713

Title: D () Delete
Name: BUSH, ADELINE
Address: 124 CHATEAU CIRCLE
City-St-Zip: DEBARY, FL 32713

Title: TD () Delete
Name: PETZY, JOANNE
Address: 104 CLAIRMONT AVE.
City-St-Zip: DEBARY, FL 32713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: BLAIR, BETTY
Address: 203 BITTERSWEET DR
City-St-Zip: DEBARY, FL 32713

Title: PD (X) Change () Addition
Name: RAUSCH, KENNETH
Address: 198 BITTERSWEET DR
City-St-Zip: DEBARY, FL 32713

Title: SD (X) Change () Addition
Name: DECANN, MARYELLEN
Address: 162 TOWER RD
City-St-Zip: DEBARY, FL 32713

Title: D (X) Change () Addition
Name: BICKERT, ROBERT
Address: 180 FOREST LN
City-St-Zip: DEBARY, FL 32713

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARY ELLEN DECANN

SD

02/14/2009

Electronic Signature of Signing Officer or Director

Date