




2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90039 043 ****61.25

DOCUMENT # N97000003990 1. Entity Name HIGHLANDS-BY-THE-LAKE PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 5399 HIGHLANDS BY THE LAKE DRIVE LAKELAND, FL 33813				Mailing Address 5399 HIGHLANDS BY THE LAKE DRIVE LAKELAND, FL 33813	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country			
4. FEI Number 59-3457720				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SKILES, DAVID M 5176 HIGHLANDS BY THE LAKE DR LAKELAND, FL 33813				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SAME City FL Zip Code	
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:  DATE: 4/6/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DP PAGE, THOMAS A 5399 HIGHLANDS BY THE LAKE DRIVE LAKELAND, FL 33813	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HARRINGTON, MICHAEL B 5399 HIGHLANDS BY THE LAKES DR LAKELAND, FL 33813	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BUTLER, JANE 5399 HIGHLANDS BY THE LAKE DRIVE LAKELAND, FL 33813	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SKILES, DAVID M 5399 HIGHLANDS BY THE LAKE DRIVE LAKELAND, FL 33813	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SKILES, DAVID M. 5399 HIGHLANDS BY THE LAKE DRIVE LAKELAND, FL 33812	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PAGE, THOMAS A 5399 HIGHLANDS BY THE LAKE DRIVE LAKELAND, FL 33812	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS VILLANUEVA, REGINA 5399 HIGHLANDS BY THE LAKE DR. LAKELAND, FL 33812	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BUTLER, JANE 5399 HIGHLANDS BY THE LAKE DR. LAKELAND, FL 33812	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BUTLER, JANE 5399 HIGHLANDS BY THE LAKE DR. LAKELAND, FL 33812	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BUTLER, JANE 5399 HIGHLANDS BY THE LAKE DR. LAKELAND, FL 33812	<input type="checkbox"/> Change <input type="checkbox"/> 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:  Vice President 863-687-3641 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					