


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000001699	
1. Entity Name HIGHSMITH LANDING HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 2505 HIGHSMITH LANDING LANE JACKSONVILLE, FL 32226	Mailing Address 2505 HIGHSMITH LANDING LANE JACKSONVILLE, FL 32226
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01312004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3499440	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 HERNANDEZ, GWENDOLYN A 2505 HIGHSMITH LANDING LANE JACKSONVILLE, FL 32226

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000078944 03/08/04-80047-001 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCBROOM, DAVID N 2510 HIGHSMITH LANDING LANE JACKSONVILLE, FL 32226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUPLE, JOHN 2525 HIGHSMITH LANDING LN JACKSONVILLE, FL 32226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SPENCER, RALPH 2501 HIGHSMITH LANDING LN JACKSONVILLE, FL 32226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERNANDEZ, GWEN 2505 HIGHSMITH LANDING LANE JACKSONVILLE, FL 32226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, BONNIE 2521 HIGHSMITH LANDING LANE JACKSONVILLE, FL 32226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Bonnie Smith, SEC* *Bonnie Smith* **3-4-04** **904 64117933**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
x 7398