

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90152 015 ****61.25

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**

50012286



2. Principal Place of Business

2518 Highsmith Landing Ln
Suite, Apt. #, etc.

3. Mailing Address

2518 Highsmith Landing Ln
Suite, Apt. #, etc.

03092006 Chg-NP CR2E037 (11/05)

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number
59-3499440

Applied For
Not Applicable

Zip

32226

Country

USA

Zip

32226

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HERNANDEZ, GWENDOLYN A
2505 HIGHSMITH LANDING LANE
JACKSONVILLE, FL 32226**

7. Name and Address of New Registered Agent

Name **THOMAS VELEBER**

Street Address (P.O. Box Number is Not Acceptable)

2518 Highsmith Landing Ln

City **JACKSONVILLE**

FL

Zip Code
32226

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

Thomas Veleber

THOMAS VELEBER

4/13/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	MCBROOM, DAVID N	
STREET ADDRESS	2510 HIGHSMITH LANDING LANE	
CITY - ST - ZIP	JACKSONVILLE, FL 32226	
TITLE	T	<input type="checkbox"/> Delete
NAME	RUPLE, JOHN	
STREET ADDRESS	2525 HIGHSMITH LANDING LN	
CITY - ST - ZIP	JACKSONVILLE, FL 32226	
TITLE	T	<input type="checkbox"/> Delete
NAME	SPENCER, RALPH	
STREET ADDRESS	2501 HIGHSMITH LANDING LN	
CITY - ST - ZIP	JACKSONVILLE, FL 32226	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HERNANDEZ, GWEN	
STREET ADDRESS	2505 HIGHSMITH LANDING LANE	
CITY - ST - ZIP	JACKSONVILLE, FL 32226	
TITLE	S	<input type="checkbox"/> Delete
NAME	SMITH, BONNIE	
STREET ADDRESS	2521 HIGHSMITH LANDING LANE	
CITY - ST - ZIP	JACKSONVILLE, FL 32226	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS VELEBER	
STREET ADDRESS	2518 Highsmith Landing Ln	
CITY - ST - ZIP	JACKSONVILLE FL 32226	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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 J. Smith

BONNIE J. SMITH

4/5/06

9047579550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #