

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90113 021 ****61.25

DOCUMENT # N98000001699																										
1. Entity Name HIGHSMITH LANDING HOMEOWNERS ASSOCIATION, INC.																										
Principal Place of Business 2518 HIGHSMITH LANDING LN JACKSONVILLE, FL 32226		Mailing Address 2518 HIGHSMITH LANDING LN JACKSONVILLE, FL 32226																								
2. Principal Place of Business - No P.O. Box # 11055 Highsmith Landing Suite, Apt. #, etc.		3. Mailing Address 2521 Highsmith Landing LN Suite, Apt. #, etc. JACKSONVILLE FL																								
City & State JACKSONVILLE FL		City & State JACKSONVILLE FL																								
Zip 32226		Country Duval																								
4. FEI Number 59-3499440		Applied For Not Applicable																								
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																								
6. Name and Address of Current Registered Agent VELEBER, THOMAS 2518 HIGHSMITH LANDING LN JACKSONVILLE, FL 32226		7. Name and Address of New Registered Agent Name: LES WRIGHT Street Address (P.O. Box Number is Not Acceptable): 11055 HIGHSMITH LANDING LN JACKSONVILLE FL 32226 City: JACKSONVILLE FL Zip Code: FL																								
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: 4/21/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>																										
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																								
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
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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:		Date: 4/22/08 Daytime Phone #: (904) 641-7933x7398																								
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																										