

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001699

FILED
Apr 13, 2009
Secretary of State

Entity Name: HIGHSMITH LANDING HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

11055 HIGHSMITH LANDING
JACKSONVILLE, FL 32226

New Principal Place of Business:

Current Mailing Address:

11055 HIGHSMITH LANDING
JACKSONVILLE, FL 32226

New Mailing Address:

2521 HIGHSMITH LANDING
JACKSONVILLE, FL 32226

FEI Number: 59-3499440

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRIGHT, LES
11055 HIGHSMITH LANDING LANE
JACKSONVILLE, FL 32226 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: WRIGHT, DAWN
Address: 11055 HIGH SMITH LANDING LANE
City-St-Zip: JACKSONVILLE, FL 32226

Title: TR () Delete
Name: VELEBER, THOMAS
Address: 2518 HIGHSMITH LANDING LANE
City-St-Zip: JACKSONVILLE, FL 32226

Title: TR () Delete
Name: REED, DON
Address: 11058 HIGH SMITH LANDING CT
City-St-Zip: JACKSONVILLE, FL 32226

Title: P () Delete
Name: WRITGHT, LES
Address: 11055 HIGHSMITH LANDING CT
City-St-Zip: JACKSONVILLE, FL 32226

Title: S () Delete
Name: SMITH, BONNIE
Address: 2521 HIGHSMITH LANDING LANE
City-St-Zip: JACKSONVILLE, FL 32226

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: BONNIE SMITH

S

04/13/2009

Electronic Signature of Signing Officer or Director

Date