

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90028 024 \*\*\*\*61.25

<b>DOCUMENT # N98000002220</b>			
<b>1. Entity Name</b> HIGHLAND CHASE HOMEOWNERS ASSOCIATION INC.			
<b>Principal Place of Business</b> 2261 GARDEN CHASE DR LAKELAND, FL 33813		<b>Mailing Address</b> 2261 GARDEN CHASE DR LAKELAND, FL 33813	
<b>2. Principal Place of Business</b> 2279 GARDEN Chase Dr Suite, Apt. #, etc.		<b>3. Mailing Address</b> 2279 GARDEN Chase Dr Suite, Apt. #, etc.	
<b>City &amp; State</b> Lakeland, FL		<b>City &amp; State</b> Lakeland, FL	
<b>Zip</b> 33813		<b>Zip</b> 33813	
<b>Country</b>		<b>Country</b>	
<b>4. FEI Number</b> 59-3509304		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> NESMITH, RON 2268 GARDEN CHASE DR. LAKELAND, FL 33813		<b>7. Name and Address of New Registered Agent</b> Name: Sarah Swartz Street Address (P.O. Box Number is Not Acceptable): 2279 GARDEN Chase Dr City: Lakeland FL Zip Code: 33813	
<b>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.</b>			
<b>SIGNATURE</b> <i>Sarah Swartz</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>DATE</b> 1/30/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> P <input checked="" type="checkbox"/> Delete	<b>NAME</b> NESMITH, RON	<b>TITLE</b> <del>VP</del> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> Sarah Swartz
<b>STREET ADDRESS</b> 2261 GARDEN CHASE DR	<b>CITY-ST-ZIP</b> LAKELAND, FL 33813	<b>STREET ADDRESS</b> 2279 GARDEN CHASE DR	<b>CITY-ST-ZIP</b> Lakeland, FL 33813
<b>TITLE</b> VP <input checked="" type="checkbox"/> Delete	<b>NAME</b> SWARTZ, SARAH	<b>TITLE</b> <del>VP</del> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> Diana Capps
<b>STREET ADDRESS</b> 2279 GARDEN CHASE DR	<b>CITY-ST-ZIP</b> LAKELAND, FL 33813	<b>STREET ADDRESS</b> 2286 GARDEN Chase Dr	<b>CITY-ST-ZIP</b> Lakeland, FL 33813
<b>TITLE</b> D <input checked="" type="checkbox"/> Delete	<b>NAME</b> NESMITH, BECKY	<b>TITLE</b> <del>VP</del> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> Bea Davis
<b>STREET ADDRESS</b> 2281 GARDEN CHASE DR.	<b>CITY-ST-ZIP</b> LAKELAND, FL 33813	<b>STREET ADDRESS</b> 2274 GARDEN Chase Dr	<b>CITY-ST-ZIP</b> Lakeland, FL 33813
<b>TITLE</b> D <input checked="" type="checkbox"/> Delete	<b>NAME</b> DAVIS, BEA	<b>TITLE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> Libia Elliott
<b>STREET ADDRESS</b> 2274 GARDEN CHASE DR.	<b>CITY-ST-ZIP</b> LAKELAND, FL 33813	<b>STREET ADDRESS</b> 2273 GARDEN Chase Dr	<b>CITY-ST-ZIP</b> Lakeland, FL 33813
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>	<b>TITLE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>NAME</b> Carolyn Keller
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b> 2261 GARDEN Chase Dr	<b>CITY-ST-ZIP</b> Lakeland FL 33813
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>	<b>TITLE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>NAME</b> Amy Plaisted
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b> 2256 GARDEN Chase Dr	<b>CITY-ST-ZIP</b> Lakeland, FL 33813
<b>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.</b>			
<b>SIGNATURE:</b> <i>Sarah Swartz</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>DATE</b> 1/30/06 <b>Daytime Phone #</b> (863) 709-9170	