

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005039

FILED
Apr 05, 2005
Secretary of State

Entity Name: THE HIGHLANDS AT SAFETY HARBOR HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3974 TAMPA RD
B
OLDSMAR, FL 34677

New Principal Place of Business:

3974 TAMPA RD
SUITE B
OLDSMAR, FL 34677

Current Mailing Address:

PO BOX 2157
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 59-3532933

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANSON, JACK B
3974 TAMPA RD
B
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

HANSON, JACK B
3974 TAMPA RD
SUITE B
OLDSMAR, FL 34677 US

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: JACK B HANSON

04/05/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PETITTA, JOE
Address: 6 OAKLEAF CT.
City-St-Zip: SAFETY HARBOR, FL 34695

Title: DVP () Delete
Name: INNOCENTI, ROBERT
Address: 217 HIGHLAND WOODS DR
City-St-Zip: SAFETY HARBOR, FL 34695

Title: DT () Delete
Name: WELDON, BOB
Address: 232 HIGHLAND WOODS DR.
City-St-Zip: SAFETY HARBOR, FL 34695

Title: DS () Delete
Name: YEUNG, KIT
Address: 8 COOPERWOOD
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D () Delete
Name: DOOB, KATHERINE
Address: 220 HIGHLAND WOODS DR
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: INNOCENTI, ROBERT
Address: 217 HIGHLAND WOODS DR
City-St-Zip: SAFETY HARBOR, FL 34695

Title: TD (X) Change () Addition
Name: WELDON, BOB
Address: 232 HIGHLAND WOODS DR.
City-St-Zip: SAFETY HARBOR, FL 34695

Title: SD (X) Change () Addition
Name: YEUNG, KIT
Address: 8 COOPERWOOD
City-St-Zip: SAFETY HARBOR, FL 34695

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JACK B HANSON

AGEN

04/05/2005

Electronic Signature of Signing Officer or Director

Date