2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N98000005728

FILED Aug 22, 2007 Secretary of State

Entity Name: HIGHLANDS RESERVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 215 CELEBRATION PLACE SUITE 500 CELEBRATION, FL 34747 US **New Mailing Address: Current Mailing Address:** 215 CELEBRATION PLACE SUITE 500 CELEBRATION, FL 34747 US FEI Number: 52-2127291 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LARSEN, RICHARD E ESQ. 55 EAST PINE STREET ORLANDO, FL 32801 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CARUSONE, JOE Name: Name: 216 DORNOCH STREET Address: Address: City-St-Zip: DAVENPORT, FL 33897 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: SMITH, JEFFREY Name: VAN GRONDELLE, GARY Address: 233 PRESTWICK DRIVE Address: 508 BRIGHTON DRIVE City-St-Zip: DAVENPORT, FL 33897 City-St-Zip: DAVENPORT, FL 33897 Title: () Delete Title: (X) Change () Addition VAN GRONDELLE, GARY WHITTLE, GEOFF Name: Name: 508 BRIGHTON DRIVE 724 TROON CIRCLE Address: Address: City-St-Zip: DAVENPORT, FL 33897 City-St-Zip: DAVENPORT, FL 33897 Title: (X) Delete Title: () Change () Addition Name: WHITTLE, GEOFF Name: Address: 724 TROON CIRCLE Address: City-St-Zip: DAVENPORT, FL 33897 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: GARY VAN GRONDELLE **VP** 08/22/2007