2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N98000005728

Entity Name: HIGHLANDS RESERVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5955 T. G. LEE BLVD
SUITE 300
ORLANDO, FL 32822 US

New Principal Place of Business:

6972 LAKE GLORIA BLVD
ORLANDO, FL 32809 US

Current Mailing Address:

5955 T. G. LEE BLVD
SUITE 300
ORLANDO, FL 32822 US

New Mailing Address:

6972 LAKE GLORIA BLVD
ORLANDO, FL 32809 US

FEI Number: 52-2127291 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LELAND MANAGEMENT INC
5955 T. G. LEE BLVD
SUITE 300
ORLANDO, FL 32822 US

Name and Address of New Registered Agent:

LELAND MANAGEMENT INC
6972 LAKE GLORIA BLVD
ORLANDO, FL 32809 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: _____ 04/15/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HILARY, MERVILLE
Address: 847 TROON CIRCLE
City-St-Zip: DAVENPORT, FL 33897

Title: VP ( ) Delete
Name: WHITTLE, GEOFFREY
Address: 724 TROON CIRCLE
City-St-Zip: DAVENPORT, FL 33897

Title: S/T ( ) Delete
Name: BOOTH, KEVIN
Address: 440 BONVILLE DRIVE
City-St-Zip: DAVENPORT, FL 33897

Title: D ( ) Delete
Name: BATTAGLIA, DOMINICK
Address: 638 NORTH HAMPTON DRIVE
City-St-Zip: DAVENPORT, FL 33897

Title: D ( ) Delete
Name: HORNE, JEFFREY
Address: 350 TROON CIRCLE
City-St-Zip: DAVENPORT, FL 33897

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: D (X) Change ( ) Addition
Name: EARP, RICHARD
Address: 0136 TROON CIRCLE
City-St-Zip: DAVENPORT, FL 33897

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: MERVILLE HILARY P 04/15/2009
Electronic Signature of Signing Officer or Director — Date