
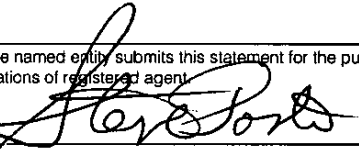
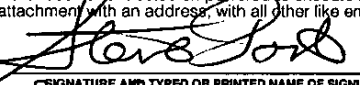


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2005 8:00 am**  
**Secretary of State**

01-11-2005 90010 007 \*\*\*\*61.25

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>DOCUMENT # N99000000398</b><br>1. Entity Name<br><b>HIGHLANDS PROFESSIONAL CENTER II MANAGEMENT ASSOCIATION, INC.</b>   |   |   |  |  |  |
| Principal Place of Business<br><b>3233 SW 33RD ROAD, SUITE 201<br/>OCALA, FL 34474</b>   |   |   | Mailing Address<br><b>P.O. BOX 367<br/>OCALA, FL 34478</b>   |   |  |
| 2. Principal Place of Business   |   | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |  |   |  |
| City & State   |   | City & State  |  |   |  |
| Zip  | Country   | Zip   | Country  |   |  |
| 4. FEI Number<br><b>59-3559563</b>   |   |   |  | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |   |  | <b>\$8.75</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>FOSTER, STEVE<br/>4220 S.E. 53RD AVENUE, NO. D<br/>OCALA, FL 34480</b>   |   |   | 7. Name and Address of New Registered Agent<br>Name <b>Foster, Steve</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1028 East Silver Springs Boulevard</b><br>City <b>Ocala</b> <b>FL</b> Zip Code <b>34470</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.<br><br><div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">           SIGNATURE: <br/> <b>Steve Foster</b><br/> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 35%; text-align: right;"> <b>1/06/05</b><br/> <small>DATE</small> </div> </div> |   |   |  |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00</b> May Be Added to Fees  |  |
| <b>Make check payable to<br/>Florida Department of State</b>   |   |   |  |   |  |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>PSD<br/>FOSTER, STEVE<br/>4220 S.E. 53RD AVENUE, NO. D<br/>OCALA, FL 34480</b>       | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>FALESTINY, HANY<br/>3221 SOUTHWEST 33RD ROAD SUITE 100<br/>OCALA, FL 34474</b> | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>PAGLIARA, SAL<br/>8877 NORTHWEST 68TH COURT<br/>PARKLAND, FL 33067</b>         | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   |  |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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.                        |   |   |  |   |  |
| SIGNATURE: <br><b>Steve Foster</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |   |  | <b>1/06/05</b><br><small>Date</small>   |  |
|  |   |   |  | <b>352-237-6145</b><br><small>Daytime Phone #</small>                             |  |

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01052005 Chg-NP CR2E037 (10/03)