

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000000398**

**1. Entity Name**

**HIGHLANDS PROFESSIONAL CENTER II MANAGEMENT  
ASSOCIATION, INC.**



**Principal Place of Business**

**3233 SW 33RD ROAD, SUITE 201  
OCALA, FL 34474**

**Mailing Address**

**P.O. BOX 367  
OCALA, FL 34478**



01052006 No Chg-NP

CR2E037 (11/05)

**4. FEI Number**

**59-3559563**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**FOSTER, STEVE  
1028 EAST SILVER SPRINGS BLVD  
OCALA, FL 34470**

**DO NOT WRITE  
IN THIS SPACE**

**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.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

**9. Election Campaign Financing  
Trust Fund Contribution.**



**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE**

**PSD**

**NAME**

**FOSTER, STEVE**

**STREET ADDRESS**

**1028 EAST SILVER SPRINGS BLVD**

**CITY- ST- ZIP**

**OCALA, FL 34470**

**TITLE**

**D**

**NAME**

**FALESTINY, HANY**

**STREET ADDRESS**

**3221 SOUTHWEST 33RD ROAD SUITE 100**

**CITY- ST- ZIP**

**OCALA, FL 34474**

**TITLE**

**D**

**NAME**

**PAGLIARA, SAL**

**STREET ADDRESS**

**8877 NORTHWEST 68TH COURT**

**CITY- ST- ZIP**

**PARKLAND, FL 33067**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY- ST- ZIP**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY- ST- ZIP**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY- ST- ZIP**

U00000389990  
01/23/06-80007-013 61.25

**DO NOT WRITE  
IN THIS SPACE**

**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.**

**SIGNATURE:**

*Steve Foster*  
**Steve Foster**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-2006

352-732-2600