

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90064 049 \*\*\*\*61.25

**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

**DO NOT WRITE IN THIS SPACE**

40001000



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3559563	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

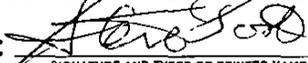
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD FOSTER, STEVE 1028 EAST SILVER SPRINGS BLVD OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALESTINY, HANY 3221 SOUTHWEST 33RD ROAD SUITE 100 OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAGLIARA, SAL 8877 NORTHWEST 68TH COURT PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:**  **1/8/08** **352-237-6145**  
 \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**Steve Foster**