

**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**



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-3559563**

Applied For  
Not Applicable

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

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

(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

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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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/8/08**  
Date

**352-237-6145**  
Daytime Phone #