

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000398

FILED  
Jan 07, 2009  
Secretary of State

**Entity Name:** HIGHLANDS PROFESSIONAL CENTER II MANAGEMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 367  
OCALA, FL 34478

**New Mailing Address:**

**FEI Number:** 59-3559563

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: FOSTER, STEVE  
Address: 1028 EAST SILVER SPRINGS BLVD  
City-St-Zip: OCALA, FL 34470

Title: D ( ) Delete  
Name: FALESTINY, HANY  
Address: 3221 SOUTHWEST 33RD ROAD SUITE 100  
City-St-Zip: OCALA, FL 34474

Title: D ( ) Delete  
Name: PAGLIARA, SAL  
Address: 8877 NORTHWEST 68TH COURT  
City-St-Zip: PARKLAND, FL 33067

**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:

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: STEVE FOSTER

P

01/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date