

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000000398

**FILED**  
**Apr 28, 2010**  
**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:**

C/O AUTUMN PROPERTIES LLC  
2143 E FORT KING STREET, STE 102  
OCALA, FL 34471

**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:**

AUTUMN PROPERTIES LLC  
2143 E FORT KING STREET  
102  
OCALA, FL 34470 US

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:** MICHAEL WILKINSON

04/28/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DT  
**Name:** FOSTER, MARK  
**Address:** 2603 SE 17TH STREET, SUITE A  
**City-St-Zip:** Ocala, FL 34471

**Title:** PD  
**Name:** FALESTINY, KATHLEEN  
**Address:** 3221 SOUTHWEST 33RD ROAD SUITE 100  
**City-St-Zip:** Ocala, FL 34474

**Title:** SD  
**Name:** PAGLIARA, SAL  
**Address:** 8877 NORTHWEST 68TH COURT  
**City-St-Zip:** PARKLAND, FL 33067

I hereby 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 all other like empowered.

**SIGNATURE:** SAL PAGLIARA

SD

04/28/2010

Electronic Signature of Signing Officer or Director

Date