

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000398

FILED
Apr 23, 2012
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:

C/O AUTUMN PROPERTIES LLC
2143 E FORT KING STREET, STE 104
OCALA, FL 34471

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:

AUTUMN PROPERTIES LLC
2143 E FORT KING STREET
104
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: 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: KATHLEEN FALESTINY

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04/23/2012

Electronic Signature of Signing Officer or Director

Date