2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005
Secretary of State

DOCUMENT# N99000001727

Entity Name: HIGHLAND OAKS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

METROPOLITAN LIFE INSURANCE CO.
C/O WYNNTON GROUP, 511 BAY ST., STE. 410
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

3950 SHACKLEFORD ROAD
SUITE 300
DULUTH, GA 30096

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 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: DP ( ) Delete
Name: SEGER, CHRIS
Address: WEEKS CORPORATION 1025 GREENWOOD BLVD. 175
City-St-Zip: LAKE MARY, FL 32746

Title: DVT ( ) Delete
Name: FRAIOLI, CHRIS
Address: SSR REALTY ADVISORS INC 1 N. BROADWAY 500
City-St-Zip: WHITE PLAINS, NY 10601

Title: D ( ) Delete
Name: TARLOW, STANLEY A
Address: WYNNTON GROUP 511 BAY ST., STE. 410
City-St-Zip: TAMPA, FL 33606

Title: S ( ) Delete
Name: GASKIN, JOHN R
Address: 3950 SHACKLEFORD ROAD, SUITE 300
City-St-Zip: DULUTH, GA 30096

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: SEGER, CHRIS
Address: 4700 MILLENIA BOULEVARD, SUITE 380
City-St-Zip: ORLANDO, FL 32839

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 for the exemption stated in Section 119.07(3)(i), 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: JOHN R. GASKIN S 04/20/2005

Electronic Signature of Signing Officer or Director — Date