

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000099802**

1. Entity Name

HIGHLAND BEACH PROPERTIES, INC.



Principal Place of Business

C/O O'GRADY REALTY  
2809 S OCEAN BLVD  
HIGHLAND BEACH FL 33487

Mailing Address

C/O O'GRADY REALTY  
2809 S OCEAN BLVD  
HIGHLAND BEACH FL 33487



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-1715542

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLAKE, JUNE A  
2727 S. OCEAN BLVD., #602  
HIGHLAND BEACH FL 33487

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
EPPLE, GLENDA  
STREET ADDRESS 3212 S OCEAN BLVD 301 A  
CITY- ST- ZIP HIGHLAND BEACH FL 33487

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS U000000692977  
CITY- ST- ZIP 04/16/07-80021-017 150.00

TITLE ☐ Delete  
NAME D  
MCGAHAN, PEGGY  
STREET ADDRESS 3100 S OCEAN BLVD 125D  
CITY- ST- ZIP HIGHLAND BEACH FL 33487

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME D  
BLAKE, PATTY  
STREET ADDRESS 2225 RABBIT HOLLOW CIRCLE  
CITY- ST- ZIP DELRAY BEACH FL 33445

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/3/07 5612722434