

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90050 024 ****61.25



DOCUMENT # 718719
 1. Entity Name
HIGH POINT COURT ASSOCIATION, INC.

Principal Place of Business Mailing Address
211 HIGH POINT BOULEVARD **211 HIGH POINT BOULEVARD**
BOYNTON BEACH FL 33435 **BOYNTON BEACH FL 33435**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent

NESBITT, CORINNE
330-B HIGH POINT COURT
BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BELDING, LINDA	
STREET ADDRESS	250A HIGH POINT CT	
CITY - ST - ZIP	BOYNTON BEACH FL 33435	
TITLE	S	<input type="checkbox"/> Delete
NAME	MACFAIDEN, JACK	
STREET ADDRESS	250 C HIGH POINT COURT	
CITY - ST - ZIP	BOYNTON BEACH FL 33435	
TITLE	DT	<input type="checkbox"/> Delete
NAME	NESBITT, CORINNE	
STREET ADDRESS	330 B HIGH POINT COURT	
CITY - ST - ZIP	BOYNTON BEACH FL 33436	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, RICHARD	
STREET ADDRESS	240 A HIGH POINT COURT	
CITY - ST - ZIP	BOYNTON BEACH FL 33435	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Belding, Linda	
STREET ADDRESS	250 A High Point Court	
CITY - ST - ZIP	Boynton Beach, FL 33435	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lewis, Richard	
STREET ADDRESS	240 A High Point Court	
CITY - ST - ZIP	Boynton Beach, FL 33435	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Corinne Nesbitt - Corinne Nesbitt* 3/28/05 (1561) 278-5656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #