
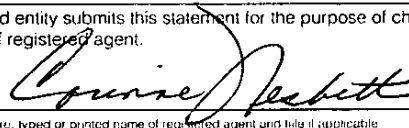


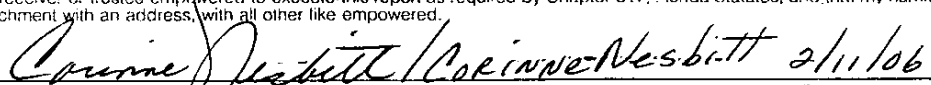
2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90082 039 ****61.25

DOCUMENT # 718719					
1. Entity Name HIGH POINT COURT ASSOCIATION, INC.					
Principal Place of Business 211 HIGH POINT BOULEVARD BOYNTON BEACH FL 33435		Mailing Address 211 HIGH POINT BOULEVARD BOYNTON BEACH FL 33435			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1409822	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 		Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when registering) DATE	
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida: Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELDING, LINDA		NAME	MACFAYDEN, Jack	
STREET ADDRESS	250A HIGH POINT CT		STREET ADDRESS	250 C High Point Court	
CITY-ST-ZIP	BOYNTON BEACH FL 33435		CITY-ST-ZIP	Boynton Beach, FL 33435	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACFAIDEN, JACK		NAME	BOYLE, EDWARD	
STREET ADDRESS	250 C HIGH POINT COURT		STREET ADDRESS	275 D High Point Court	
CITY-ST-ZIP	BOYNTON BEACH FL 33435		CITY-ST-ZIP	Boynton Beach, FL 33435	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NESBITT, CORINNE		NAME	MACFADYEN, JACK	
STREET ADDRESS	330 B HIGH POINT COURT		STREET ADDRESS	250 C High Point Court	
CITY-ST-ZIP	BOYNTON BEACH FL 33436		CITY-ST-ZIP	Boynton Beach, FL 33435	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, RICHARD		NAME		
STREET ADDRESS	240 A HIGH POINT COURT		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33435		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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 2/11/06 (1561) 278-5656