

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745533

FILED
Jan 04, 2011
Secretary of State

Entity Name: HIGH POINT OF FORT PIERCE, CONDOMINIUM SECTION II ASSOCIATION, INC.

Current Principal Place of Business:

723 HIGH POINT BOULEVARD
FORT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

723 HIGH POINT BOULEVARD
FORT PIERCE, FL 34982

New Mailing Address:

FEI Number: 59-2040593

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BONAN, ELIZABETH P
759 S FEDERAL HIGHWAY
SUITE 212
STUART, FL 34994 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: P
Name: PIDGEON, DONALD
Address: 519 CROOKED LAKE LN APT A
City-St-Zip: FORT PIERCE, FL 34982

Title: D
Name: REIMERT, ANNA MAE
Address: 1202 S LAKES END DR APT A
City-St-Zip: FORT PIERCE, FL 34982

Title: T
Name: WARE, NANCY
Address: 1019 PHEASANT RUN DR APT D
City-St-Zip: FT PIERCE, FL, FL 34982

Title: VP
Name: GUARINELLO, LOUIS
Address: 1210 S LAKES END DR APT A
City-St-Zip: FT PIERCE, FL 34982

Title: S
Name: MORAL, LINDA
Address: 523 CROOKED LAKE LANE APT B
City-St-Zip: FORT PIERCE, FL 34982

Title: D
Name: KAKAREKO, WALTER
Address: 516 CROOKED LAKE LANE APTD
City-St-Zip: FORT PIERCE, FL 34982

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: NANCY WARE

T

01/04/2011

Electronic Signature of Signing Officer or Director

Date