

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90742 001 ****61.25

0096902

DOCUMENT # 745533

1. Entity Name
**HIGH POINT OF FORT PIERCE, CONDOMINIUM SECTION I
I ASSOCIATION, INC.**



Principal Place of Business
**723 HIGH POINT BOULEVARD
FORT PIERCE FL 34982**

Mailing Address
**723 HIGH POINT BOULEVARD
FORT PIERCE FL 34982**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2040593**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORNETT, JANE L
401 EAST OSCEOLA STREET
FIRST FLOOR
STUART FL 34994**

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P-D	<input type="checkbox"/> Delete
NAME	GUARINELLO, LOUIS	
STREET ADDRESS	1210-A SOUTH LAKE END DRIVE	
CITY-ST-ZIP	FORT PIERCE FL 34982	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCOTT, JOANNA	
STREET ADDRESS	319-A COLONY LANE	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WARE, NANCY	
STREET ADDRESS	1019-D PHEASANT RUN DRIVE	
CITY-ST-ZIP	FT PIERCE, FL FL 34982	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOUQUARD, THOMAS	
STREET ADDRESS	625-A PINES KNOLL DRIVE	
CITY-ST-ZIP	FT PIERCE FL 34982	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARLISLE, JAMES	
STREET ADDRESS	627-C PINES KNOOLL DRIVE	
CITY-ST-ZIP	FORT PIERCE FL 34982	
TITLE	D	<input type="checkbox"/> Delete
NAME	LASHUTKA, PAUL	
STREET ADDRESS	631-B PINES KNOLL DRIVE	
CITY-ST-ZIP	FORT PIERCE FL	

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donald Pidgeon	
STREET ADDRESS	519-A Crooked Lake Lane	
CITY-ST-ZIP	Fort Pierce, FL 34982	
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		
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 another like empowered.

SIGNATURE: *Joanna Scott* **Joanna Scott, Vice-President** March 6, 2003

CR2E037 (10/02)