


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

3 **FILED**
Apr 20, 2005 8:00 am
Secretary of State

03-30-2005 90048 045 ****61.25

DOCUMENT # N02000008840			
1. Entity Name HIGH POINTE HOMEOWNERS ASSOCIATION OF NASSAU COUNTY, INC.			
Principal Place of Business 96034 SANDY POINT CIR FERNANDINA BEACH, FL 32034		Mailing Address 96034 SANDY POINT CIR FERNANDINA BEACH, FL 32034	
2. Principal Place of Business 474423 E. State Rd 200		3. Mailing Address 474423 E. State Rd 200	
Suite, Apt. #, etc. Suite 1		Suite, Apt. #, etc. Suite 1	
City & State Fernandina Beach, FL		City & State Fernandina Beach, FL	
Zip 32034		Zip 32034	
Country Nassau		Country Nassau	
4. FEI Number 65-1173043		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBERT L. PETERS, P.A. 28 SOUTH 10TH STREET FERNANDINA BEACH, FL 32034		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>			
Filing Fee is \$81.25 Due by May 1, 2005		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			
TITLE	Treasurer <input type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VANPUYMBROOCK, DONNA LYNNE	NAME	Allison, Bob
STREET ADDRESS	96335 HIGH POINTE DR.	STREET ADDRESS	96034 Sandy Point Cir
CITY - ST - ZIP	FERNANDINA BEACH, FL 32034	CITY - ST - ZIP	Fernandina Beach, FL 32034
TITLE	President <input type="checkbox"/> Delete	TITLE	Sec. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALKER, JOE	NAME	VanLennep, Raquel
STREET ADDRESS	13810 FIDDLERS POINT RD.	STREET ADDRESS	3709 Parliament Lane
CITY - ST - ZIP	JACKSONVILLE, FL	CITY - ST - ZIP	Fernandina Beach, FL 32034
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLISON, CAROL	NAME	
STREET ADDRESS	96034 SANDY POINT CIR	STREET ADDRESS	
CITY - ST - ZIP	FERNANDINA BEACH, FL 32034	CITY - ST - ZIP	
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, SUSAN	NAME	
STREET ADDRESS	P.O. BOX 2215	STREET ADDRESS	
CITY - ST - ZIP	YULEE, FL 32097	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 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: <i>Donna Lynne Vanpuymbroock</i>		Date: 3/29/05 (904) 277-2465	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	