


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000008840 1. Entity Name HIGH POINTE HOMEOWNERS ASSOCIATION OF NASSAU COUNTY, INC.			FILED 06 JAN -6 PM 12:30 TALLAHASSEE, FLORIDA
Principal Place of Business 474423 E STATE RD 200 SUITE 1 FERNANDINA BEACH, FL 32034		Mailing Address 474423 E STATE RD 200 SUITE 1 FERNANDINA BEACH, FL 32034	
2. Principal Place of Business <i>96270 High Pt. Drive</i> Suite, Apt. #, etc.		3. Mailing Address <i>96270 High Pt Dr</i> Suite, Apt. #, etc.	
City & State <i>Fernandina Bch FL</i> Zip <i>32034</i>		City & State <i>Fernandina Beach FL</i> Zip <i>32034</i>	
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 Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
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.</small>		DATE <div style="text-align: center;"> 300063983483 01/18/06--01079--013 **61.25 </div> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing 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 NAME STREET ADDRESS CITY-ST-ZIP	D VANPUYMBROOCK, DONNA LYNNE 96335 HIGH POINTE DR. FERNANDINA BEACH, FL 32034	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALKER, JOE 13810 FIDDLERS POINT RD. JACKSONVILLE, FL	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Bell, Don 96281 High Pointe Drive Fernandina Beach, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ALLISON, CAROL 96034 SANDY POINT CIR FERNANDINA BEACH, FL 32034	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Secretary Madeau Lucy 97008 Morgans Road Uices, FL 32097
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLISON, BOB 96034 SANDY POINT CIR FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director mason, Damon 891 S. Fletcher Fernandina Beach, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VAN LENNEP, RAQUEL 3709 PARLIAMENT LANE FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition President Allison, Bob 96034 Sandy Pt Circle Fernandina Bch, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Treasurer Vanlennep, Raquel 96270 High Pointe Drive Fernandina Bch, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>R. Vanlennep</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
<i>Roquel Vanlennep</i>		Date <i>1/3/06</i>	
Daytime Phone # <i>904-321-4398</i>			