


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

FILED
Feb 24, 2003 8:00 am
Secretary of State

01-15-2003 90256 022 ****61.25

DOCUMENT # N02000008840

1. Entity Name
HIGH POINTE HOMEOWNERS ASSOCIATION OF NASSAU COUNTY, INC.



Principal Place of Business
**PO BOX 208
FERNANDINA BEACH FL 32035**

Mailing Address
**PO BOX 208
FERNANDINA BEACH FL 32035**

2. Principal Place of Business
96034 Sandy Point Circle

3. Mailing Address
96034 Sandy Point Circle

Suite, Apt. #, etc.

City & State
Fernandina Bch FL


City & State
Fernandina Bch FL

Zip
32034

Country
Nassau

Zip
32034

Country
Nassau



CHECK HERE IF MAKING CHANGES

4. FEI Number
65-1173043

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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 **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 _____ (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

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete |
|-------|---------------------|----------------|---------------------------|-------------------------------------|
| DP | ALLISON, BOB | PO BOX 208 | FERNANDINA BEACH FL 32035 | <input checked="" type="checkbox"/> |
| DV | PUYMBROUCK, DONNA V | PO BOX 208 | FERNANDINA BEACH FL 32035 | <input checked="" type="checkbox"/> |
| DST | ALLISON, LYNN | PO BOX 208 | FERNANDINA BEACH FL 32035 | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete | Change | Addition |
|-------|--------------------|--------------------------|---------------------------|--------------------------|-------------------------------------|-------------------------------------|
| DP | Allison, Bob | 96034 Sandy Point Circle | Fernandina Bch. Fl. 32034 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| DV | Puymbrouck, Donna | 96335 High Point Dr. | Fernandina Bch. Fl. 32034 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | Carol Lynn Allison | 96034 Sandy Point Circle | Fernandina Bch. Fl. 32034 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | Mark Sobolewski | 96034 Sandy Point Circle | Fernandina Bch. 32034 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Damon Mason | PO BOX 15057 | Fernandina Bch. FL. 32034 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Carol Lynn Allison | 96034 Sandy Point Circle | Fernandina Bch. FL. 32034 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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: *Carol Lynn Allison* SIGNATURE: *Carol Lynn Allison*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1-13-03** Daytime Phone # **904 241 7604**

CR2E037 (10/02)

Attachment

58010191
NO2000008840

Feb 20, 2003

Enclosed you will find completed
UBR report with EMV number.

Please note additional changes
of officers and directors.

delete Bob Allison
delete Donna V Pymbrook

change address Lynn Allison (Carol Lynn)

ADD Mark Sobolewski
ADD Damon Mason

Thank you
Carol Lynn Allison ST
High Pointe Homeowners
Association

Reference # NO2000008840