

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2009  
Secretary of State**

DOCUMENT# N04000004027

**Entity Name:** HIGHPOINT CONDOMINIUM ASSOCIATION OF MIAMI, INC.

**Current Principal Place of Business:**

616 NW 26TH AVENUE  
MIAMI, FL 33125 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O PREFERRED ACCOUNTING SERVICES, INC.  
6020 SW 40 STREET  
MIAMI, FL 33155 US

**New Mailing Address:**

**FEI Number:** 20-1110442      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PREFERRED ACCOUNTING SERVICES, INC.  
6020 SW 40 STREET  
MIAMI, FL 33155 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 ( ) Delete  
Name: PASCUAL, JORGE  
Address: 616 NW 26TH AVE., 504  
City-St-Zip: MIAMI, FL 33125

Title: T ( ) Delete  
Name: GUERRA, JACQUELINE  
Address: 616 NW 26TH AVE., 309  
City-St-Zip: MIAMI, FL 33125

Title: V ( ) Delete  
Name: ZUNIGA, LILIANA  
Address: 616 NW 26TH AVE, # 204  
City-St-Zip: MIAMI, FL 33125

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JACQUELINE GUERRA

T

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date