2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008
Secretary of State

DOCUMENT# N06000002865

Entity Name: HIGH POINT NORTH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8475 ADELE ROAD
LAKELAND, FL 33810 US

New Principal Place of Business:

Current Mailing Address:

8475 ADELE ROAD
LAKELAND, FL 33810 US

New Mailing Address:

FEI Number: 26-0488946 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MAHONEY, BILL
8475 ADELE ROAD
LAKELAND, FL 33810 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: MAHONEY, BILL
Address: 8475 ADELE ROAD
City-St-Zip: LAKELAND, FL 33810 US

Title: VP ( ) Delete
Name: RICHARDSON, BILL
Address: 8491 ADELE ROAD
City-St-Zip: LAKELAND, FL 33810 US

Title: T ( ) Delete
Name: MARTINS, LIZ
Address: 2696 PORTER STREET
City-St-Zip: LAKELAND, FL 33810 US

Title: S ( ) Delete
Name: ARNOLD, BOB
Address: 8443 ADELE ROAD
City-St-Zip: LAKELAND, FL 33810 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change ( ) Addition
Name: CONTI, ANDREA
Address: 2523 BOOTS RD
City-St-Zip: LAKELAND, FL 33810 US

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: BILL MAHONEY T 03/18/2008

Electronic Signature of Signing Officer or Director — Date