## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000002865

FILED Mar 02, 2009 Secretary of State

Entity Name: HIGH POINT NORTH HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 2523 BOOTS ROAD LAKELAND, FL 33810 US **Current Mailing Address: New Mailing Address:** 2523 BOOTS ROAD P.O.BOX 92657 LAKELAND, FL 33810 US LAKELAND, FL 33804 US FEI Number: 26-0488946 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CONTI, ANDREA 2523 BOOTS ROAD LAKELAND, FL 33810 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete BAISDEN, CARL CONTI, ANDREA Name: Name: 8436 ADELE ROAD Address: 2523 BOOTS ROAD Address: City-St-Zip: LAKELAND, FL 33810 US City-St-Zip: LAKELAND, FL 33810 US Title: SEC ( ) Delete Title: (X) Change ( ) Addition WARREN, GARY Name: BAISDEN, CARL Name: Address: 8435 ADELE ROAD Address: 8436 ADELE ROAD City-St-Zip: LAKELAND, FL 33810 US City-St-Zip: LAKELAND, FL 33810 US Title: () Delete Title: (X) Change ( ) Addition CONTI, ANDREA WARREN, GARY Name: Name: 2523 BOOTS RD 8435 ADELE ROAD Address: Address: City-St-Zip: LAKELAND, FL 33810 US City-St-Zip: LAKELAND, FL 33810 US Title: () Delete Title: (X) Change ( ) Addition Name: KRUSE, JAMES Name: RICHARDSON, BILL 8491 ADELE ROAD Address: 8432 ADELE ROAD Address: City-St-Zip: LAKELAND, FL 33810 US City-St-Zip: LAKELAND, FL 33810 US Title: () Delete Title: ( ) Change (X) Addition ENDRES, JOHN Name: Name: 8479 ADELE ROAD Address: Address: LAKELAND, FL 33810 US City-St-Zip: City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition MONCADA, MARIO Name: Name: Address: Address: 8356 ADELE ROAD LAKELAND, FL 33810 US City-St-Zip: 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: ANDREA CONTI P 03/02/2009