

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 JUL 11 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N16445 (1)

1. Corporation Name

HIGH COLONY OF TALLAHASSEE HOMEOWNERS ASSOCIATION, INC.

500001536165
-07/12/95--01031--003
****155.00 ****155.00

Principal Place of Business

Mailing Address

5237 HIGH COLONY DR
P O BOX 13132
TALLAHASSEE FL 32311

5237 HIGH COLONY DR
P O BOX 13132
TALLAHASSEE FL 32311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1986

3a. Date of Last Report

04/28/1994

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

FILING FEE IS
\$61.25

8. This corporation has liability for intangible tax under s. 119.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

JANOECO JOSEPH
5369 HIGH COLONY DR
TALLAHASSEE FL 32311

81 Name Beck, Robert

82 Street Address (P.O. Box Number is Not Acceptable)
1228 Lovers Court

83

84 City Tallahassee

FL

85 Zip Code 32311

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Robert S. Beck

6/30/95

DATE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME TURNER, PHILIP
STREET ADDRESS 1168 LOVERS LN
CITY-ST-ZIP TALLAHASSEE FL

1.1 TITLE Sweinhart, Michael
1.2 NAME 5225 High Colony Dr.
1.3 STREET ADDRESS Tallahassee, FL
1.4 CITY-ST-ZIP

TITLE D
NAME JANOECO JOSEPH
STREET ADDRESS 5369 HIGH COLONY DR
CITY-ST-ZIP TALLAHASSEE FL

2.1 TITLE Barrett, Julie
2.2 NAME 1107 Lovers Lane
2.3 STREET ADDRESS Tallahassee, FL
2.4 CITY-ST-ZIP

TITLE D
NAME BECK ROBERT
STREET ADDRESS 1220 LOVERS CT
CITY-ST-ZIP TALLAHASSEE FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert S. Beck

6/30/95

Date

414-2000

742-6773