

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N16445 (1)

1. Corporation Name
HIGH COLONY OF TALLAHASSEE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 5237 HIGH COLONY DR P O BOX 13132 TALLAHASSEE FL 32311	Mailing Address 5237 HIGH COLONY DR P O BOX 13132 TALLAHASSEE FL 32311
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/20/1986	3a. Date of Last Report 07/11/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE		Applied For ☐ Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent BECK ROBERT 4220 LOVERS COURT TALLAHASSEE FL 32311				10. Name and Address of New Registered Agent 81. Name J. Roger Newsome III 82. Street Address (P.O. Box Number is Not Acceptable) 1227 Lovers Lane, S. 83. 84. City Tallahassee FL 85. Zip Code 32311			
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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 *J. Roger Newsome III* **JR Newsome III** DATE **7/8/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	D SWEINHART, MICHAEL	1.2 NAME	
STREET ADDRESS	5225 HIGH COLONY DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	1.4 CITY - ST - ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	D BARRETT, JULIE	2.2 NAME	
STREET ADDRESS	1107 LOVERS LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	2.4 CITY - ST - ZIP	
TITLE	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	D BECK ROBERT	3.2 NAME	
STREET ADDRESS	1220 LOVERS CT	3.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	3.4 CITY - ST - ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	D J. Roger Newsome III	4.2 NAME	
STREET ADDRESS	1227 Lovers Lane South	4.3 STREET ADDRESS	
CITY - ST - ZIP	Tallahassee, FL 32311	4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	D/S/T Leslie Coleman	5.2 NAME	
STREET ADDRESS	5369 High Colony Drive	5.3 STREET ADDRESS	
CITY - ST - ZIP	Tallahassee, FL 32311	5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *M. Coleman* **M. Coleman** DATE **7/8/96** DAYTIME PHONE # **904-386-2300**

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
J. Roger Newsome III

CR2E037 (3/96)