SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR SEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT **CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

·•	FILED
	Aug 05 1998 8:00am
_	Secretary of State
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I I. COIPCIAGO	MENT # N16445	(1)					
HIGH COLONY OF TALLAHASSEE HOMEOWNERS ASSOCIATIO							
N, INC.							
Principal Place of Business Mailing Address							
5369 HIGH COLONY DR P O BOX 13132				3. Date Incorporated or Qualified			
TALLAHASSEE FL 32311		TALLAHASSEE FL 32308		08/20/1986			
us u		U\$		4. FEI Number	Applied For		
2. Principal Place of Business 2a. Malling A		2a. Malling Address		NOT APPLICABLE	Not Applicable 75 Additional		
21 26		26	<u> </u>	3. Certificate di Status Desileu [_]	ee Required		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			00 May Be led to Fees		
City & State City & Sta		City & State		7. Is this nonprofit corporation a homeowners assoc			
23		28	T	Ves □ No			
Zip 24	Country 25	Zip	Country 30	8. This corporation owes or has pald the current year Personal Property Tax due June 30.	ar Intangible		
571	9. Name and Address of Current		1301	10. Name and Address of New Registered Agent			
ļ			B1 Name				
NEWSOM	E 期, J. ROGER		82 Street Add	ress (P.O. Box Number is Not Acceptable)			
1227 LOV	1227 LOVERS LANE SOUTH			1 .C. Dox (tumber is the Acceptable)			
TALLAHAS	SSEE FL 32311		83				
			84 City	FL 85	Zip Code		
11. Pursuant t	11. Pursuant to the profisions of sections 617,0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered						
11. Pursuant to the profisions 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 sount, 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 \$13,0503, Florida Statutes.							
. •		ons of Contract Space, Flor	rida Statutes.		_		
CIGNATURE	II VIVAN (VOSONE						
SIGNATURE.	Signature, typed or printed hame of registered agent	and title if applicable. (No	OTE: Registered Agent signature req	uired when reinstating) DATE			
CIGNATURE	II VIVAN (VOSONE	and title if applicable. (NI D DIRECTORS		ulred when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRE	ECTORS IN 12		
SIGNATURE	Signature, speed or printed harms of registered agent OFFICERS ANI D SWEINHART, MICHAEL	and title if applicable. (No	OTE: Registered Agent signature req	uired when reinstating) DATE	ECTORS IN 12		
SIGNATURE	Signature, speed of piripid hame of registered agent OFFICERS ANI D SWEINHART, MICHAEL 5225 HIGH COLONY DR	and title if applicable. (NI D DIRECTORS	DTE: Registered Agent signature req 13. 1.1 TITLE	ulred when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRE	ECTORS IN 12		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(1), 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 director of the director 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 chapted, or on an attachment with an address. SINATURE AND TYPED OR PRINTED WAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Daylims Phone #

Date