

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N16445

1. Entity Name
**HIGH COLONY OF TALLAHASSEE HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**5369 HIGH COLONY DR
TALLAHASSEE, FL 32317 US**

Mailing Address
**P O BOX 13132
TALLAHASSEE, FL 32308 US**



01232007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COLEMAN, LESLIE
5369 HIGH COLONY DRIVE
TALLAHASSEE, FL 32317**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

000000757233
05/23/07-60063-006 70.00

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
COTE, KIM
1120 LOVERS LANE
TALLAHASSEE, FL 32317**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
COLEMAN, LESLIE
5369 HIGH COLONY
TALLAHASSEE, FL 32317**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BLAIN, MICHAEL
1061 LOVERS LANE
TALLAHASSEE, FL 32317**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
LADKANI, ERNEST
1107 LOVERS LN, N
TALLAHASSEE, FL 32317**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
POINDEXTER, DON
5356 HIGH COLONY DR.
TALLAHASSEE, FL 32317**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Leslie Coleman Leslie Coleman 4/27/07 877-2326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #