2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N16445**

1. Entity Name

HIGH COLONY OF TALLAHASSEE HOMEOWNERS ASSOCIATIO N. INC.



FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90114 017 ****61.25

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LLAHASSEE FL 32308			£ 10811 4 80 NO	A 61111 A1611 A1611 B111 B111 B111	Di Bell Brill 1 Brides ded	hii Bigis Jāgs
Mailing Address						
Suite, Apt. #, etc.	·			CHECK HERE IF MAK	ING CHANGES	;
City & State		4. FEI Number NOT APPLICABLE Applied For			·	
Zip	Country	~	5. Certificate of Sta	atus Desired	\$8.75 Ac	
stered Agent	L		7. Name and Adds	ress of New Register		
			VICKI OBONAMBIISN 5357A	GLENN of Acceptable) IGH COLO	NY DI	
purpose of changing its	'					
if applicable. (NOTE	E: Registered Agent signature	e required v	when reinstating)	DAT	E ,	
ORS	11.	А	DDITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS IN	√ 10
⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VI	CKI GLER	UN COLONY DI E, FL. 323	Change	Addition
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	Mailing Address Suite, Apt. #, etc. City & State Zip stered Agent 9. Election Car Trust Fund Coors Delete Delete Delete Delete	Mailing Address Suite, Apt. #, etc. City & State Zip Country stered Agent Name Street Address On applicable. (NOTE: Registered Agent signature) 9. Election Campaign Financing Trust Fund Contribution. ORS 11. Delete Title NAME STREET ADDRESS CITY-ST-ZIP Delete Title NAME STREET ADDRESS CITY-ST-ZIP	Mailing Address Suite, Apt. #, etc. City & State Zip Country stered Agent Name Street Address (i City 7 purpose of changing its registered office or registered applicable. (NOTE: Registered Agent signature required Trust Fund Contribution. 9. Election Campaign Financing Trust Fund Contribution. DRS 11. A STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mailing Address Suite, Apt. #, etc.	Mailing Address Suite, Apt. #, etc. CHECK HERE IF MAKE City & State 4. FEI Number NOT APPLICABLE Zip Country 5. Certificate of Status Desired Stered Agent 7. Name and Address of New Register Name V / C/C C/	Mailing Address Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State 4. FEI Number NOT APPLICABLE A Fee Require Zip Country 5. Certificate of Status Desired \$8.75 Ad Fee Require Name Address of New Registered Agent 7. Name and Address of New Registered Agent Street Address (PO Box Number is Nist Apoptiating) DATE City AUAHASSEE FL Zip Cox Street Address (PO Box Number is Nist Apoptiating) DATE City AUAHASSEE FL Zip Cox Street Address (PO Box Number is Nist Apoptiating) DATE ONLY AUAHASSEE FL Zip Cox Street Address (PO Box Number is Nist Apoptiating) DATE ONLY AUAHASSEE FL Zip Cox Street Address (PO Box Number is Nist Apoptiating) DATE ONLY AUAHASSEE FL Zip Cox Street Address (PO Box Number is Nist Apoptiating) DATE ONLY AUAHASSEE FL Zip Cox Street Address (PO Box Number is Nist Apoptiating) DATE ONLY AUAHASSEE FL Zip Cox Street Address DATE ONLY AUAHASSEE AUAHASSEE FL Zip Cox Street Address DATE ONLY AUAHASSEE AUAHASSEE FL Zip Cox Street Address DATE ONLY AUAHASSEE AUAHASSEE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 appears, with all other like ampowered.

SIGNATURE:

3-14-0

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