FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:14

DOCUMENT # N94000001677 (3)
1. Corporate Name

HIGHVIEW POINTE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
35 ELIZABETH STREET
MASCOTTE FL 34753

Mailing Address
35 ELIZABETH STREET
MASCOTTE FL 34753

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/01/1994

3a. Date of Last Report

4. FEI Number: [X] Applied For [ ] Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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 [ ] **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

SAVAGE, NORMAN D
35 ELIZABETH STREET
MASCOTTE FL 34753

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE
(Signature of Current Registered Agent or Current Registered Agent and Current Officer of Corporation) (Signature of New Registered Agent (signature required after new filing)) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	[ ] Change [ ] Addition
NAME	SAVAGE, NORMAN D	1.2 NAME	
STREET ADDRESS	35 ELIZABETH STREET	1.3 STREET ADDRESS	
CITY ST ZIP	MASCOTTE FL 34753	1.4 CITY ST ZIP	
TITLE	STD	2.1 TITLE	[ ] Change [ ] Addition
NAME	SAVAGE, GAIL M	2.2 NAME	
STREET ADDRESS	35 ELIZABETH STREET	2.3 STREET ADDRESS	
CITY ST ZIP	MASCOTTE FL 34753	2.4 CITY ST ZIP	
TITLE	D	3.1 TITLE	[ ] Change [ ] Addition
NAME	AMOS, ROBERT	3.2 NAME	
STREET ADDRESS	308 SAVAGE AVENUE	3.3 STREET ADDRESS	
CITY ST ZIP	GROVELAND FL 34736	3.4 CITY ST ZIP	
TITLE		4.1 TITLE	[ ] Change [ ] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	[ ] Change [ ] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		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 at Section 119.07(3), 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: Gail Savage GAIL SAVAGE 4/7/95 904 429-4710
SIGNATURE AND/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILING FEES DUE AFTER MAY 1

0073976