

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N95000004098 (8)**

1. Corporation Name

**HIGH POINTE HOMEOWNERS' ASSOCIATION OF LAKE COUNTY, INC.**



Principal Place of Business

Mailing Address

13920 MOHAWK RD.  
CLERMONT FL 34711

P.O. BOX 2310  
MINNEOLA FL 34755

3. Date Incorporated or Qualified

08/24/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 230 Mohawk Road  
Suite, Apt. #, etc.

26 P. O. 2310  
Suite, Apt. #, etc.

22 City & State  
Clermont, FL

27 City & State  
Minneola, FL

24 Zip  
34711

25 Country  
Lake

29 Zip  
34755

30 Country  
Lake

4. FEI Number

59-3338192

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

ZAGAME, JOSEPH E  
13920 MOHAWK RD.  
CLERMONT FL 34711

10. Name and Address of New Registered Agent

81 Name Zagame, Joseph E.  
82 Street Address (P.O. Box Number is Not Acceptable) 230 Mohawk Road  
83  
84 City Clermont FL 85 Zip Code 34711

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAGAME, JOSEPH E	1.2 NAME	Zagame, Joseph E.
STREET ADDRESS	10360 LAKE LOUISA RD.	1.3 STREET ADDRESS	230 Mohawk Road
CITY-ST-ZIP	CLERMONT FL 34711	1.4 CITY-ST-ZIP	Clermont, FL. 34711
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTENSEN, LARRY E	2.2 NAME	Resler, Melissa
STREET ADDRESS	98 SPANISH OAK LN.	2.3 STREET ADDRESS	230 Mohawk Road
CITY-ST-ZIP	APOPKA FL 32703	2.4 CITY-ST-ZIP	Clermont, Florida 34711
TITLE	DST <input type="checkbox"/> DELETE	3.1 TITLE	DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAGAME, JANE C	3.2 NAME	Zagame, Jane C.
STREET ADDRESS	10360 LAKE LOUISA RD.	3.3 STREET ADDRESS	230 Mohawk Road
CITY-ST-ZIP	CLEMONT FL 34711	3.4 CITY-ST-ZIP	Clermont, FL. 34711
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	200001814342
CITY-ST-ZIP		5.4 CITY-ST-ZIP	-05/09/96--01009--050
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	***61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

5-1-96 OR
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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:

*Jane C. Zagame*  
JANE C. ZAGAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96

Date

352-242-0073

Daytime Phone #

CFR2037 (12/95)