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FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N95000004098 (8)
1. Corporation Name
HIGH POINTE HOMEOWNERS' ASSOCIATION OF LAKE COUNTY, INC.



Principal Place of Business: 230 MOHAWK RD. CLERMONT FL 34711 US
Mailing Address: P.O. BOX 2310 MINNEOLA FL 34755

3. Date Incorporated or Qualified: 08/24/1995
4. FEI Number: 59-3338192
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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business
21 911 HATTERAS AVE
22 Suite, Apt. #, etc.
23 City & State: Clermont FL
24 Zip: 34711
25 Country: US
2a. Mailing Address
26 P.O. BOX 503
27 Suite, Apt. #, etc.
28 City & State: MINNEOLA FL
29 Zip: 34755
30 Country: US

9. Name and Address of Current Registered Agent
ZAGAME, JOSEPH E
230 MOHAWK RD.
CLERMONT FL 34711

10. Name and Address of New Registered Agent
81 Name: DIANE L. SPARROW
82 Street Address (P.O. Box Number is Not Acceptable): 911 HATTERAS AVENUE
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: Diane L. Sparrow
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE: 4/28/98

12. OFFICERS AND DIRECTORS	
TITLE: DP	<input checked="" type="checkbox"/> DELETE
NAME: ZAGAME, JOSEPH E	
STREET ADDRESS: 230 MOHAWK RD.	
CITY-ST-ZIP: CLERMONT FL 34711	
TITLE: D	<input checked="" type="checkbox"/> DELETE
NAME: RESLER, MELISSA	
STREET ADDRESS: 230 MOHAWK RD.	
CITY-ST-ZIP: CLERMONT FL 34711	
TITLE: DST	<input checked="" type="checkbox"/> DELETE
NAME: ZAGAME, JANE C	
STREET ADDRESS: 230 MOHAWK RD.	
CITY-ST-ZIP: CLERMONT FL 34711	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME: KAREN O'BRIEN	
1.3 STREET ADDRESS: P.O. BOX 503	
1.4 CITY-ST-ZIP: MINNEOLA, FL 34755	
2.1 TITLE: DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME: ELIZABETH DEI	
2.3 STREET ADDRESS: P.O. BOX 503	
2.4 CITY-ST-ZIP: MINNEOLA, FL 34755	
3.1 TITLE: DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME: DIANE SPARROW	
3.3 STREET ADDRESS: 911 HATTERAS AVE	
3.4 CITY-ST-ZIP: CLERMONT, FL 34711	
4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-ST-ZIP:	
5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY-ST-ZIP:	
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS:	
6.4 CITY-ST-ZIP:	

14. 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 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: Diane L. Sparrow
4/28/98

CR2E037 (10/97)