

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 13, 2005
Secretary of State**

DOCUMENT# N95000004098

Entity Name: HIGH POINTE HOMEOWNERS' ASSOCIATION OF LAKE COUNTY, INC.

Current Principal Place of Business:

2180 W SR 434
STE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
STE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-3338192 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC.
2180 W SR 434 STE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KLINE, TOM
Address: 877 HIGH POINTE CIRCLE
City-St-Zip: CLERMONT, FL 34711

Title: VPD () Delete
Name: ALLICOCK, CHARMAINE
Address: 821 HIGH POINTE CIRCLE
City-St-Zip: CLERMONT, FL 34711

Title: STD () Delete
Name: GOULD, ROBERTA
Address: 807 HATTERAS AVENUE
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RIVERS, GENE
Address: 869 HIGH POINTE CIRCLE
City-St-Zip: MINNEOLA, FL 34715

Title: VPD (X) Change () Addition
Name: PITTMAN, GREG
Address: 811 HIGH POINTE CIRCLE
City-St-Zip: MINNEOLA, FL 34715

Title: STD (X) Change () Addition
Name: GOULD, ROBERTA
Address: 807 HATTERAS AVENUE
City-St-Zip: MINNEOLA, FL 34715

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GENE RIVERS

PD

04/13/2005

Electronic Signature of Signing Officer or Director

Date