

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****APPROVED
AND
FILED**

95/02/23 PM 6:58

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA****DOCUMENT # 750502****(7)**

1. Corporation Name

HIGHPOINT CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/08/1980	3a. Date of Last Report 03/28/1994
4. FEI Number 59-1974327	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
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 ☐ No	

Principal Place of Business		Mailing Address	
2068 HIGH POINT DRIVE ENGLEWOOD FL 34223		2068 HIGH POINT DRIVE ENGLEWOOD FL 34223	
2. Principal Place of Business	2a. Mailing Address	21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State	23. Zip	28. Zip
24. Country	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent**BECKER, POLIAKOFF & STREITFELD, P.A.
630 S. ORANGE AVENUE
THIRD FLOOR
SARASOTA FL 34236****10. Name and Address of New Registered Agent**

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

11. Pursuant to the provisions of Sections 607.0502 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TO	1.1 TITLE	☐ Change ☐ Addition
NAME	KOCHINKA, MARY	1.2 NAME	
STREET ADDRESS	212-B HIGH POINT DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	ENGLEWOOD FL	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	BYRD, CARL	2.2 NAME	
STREET ADDRESS	118-A HIGH POINT DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	ENGLEWOOD FL	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	RODGERS, JAMES	3.2 NAME	
STREET ADDRESS	212-A HIGH POINT DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	ENGLEWOOD FL	3.4 CITY - ST - ZIP	
TITLE	ASD	4.1 TITLE	☐ Change ☐ Addition
NAME	COX, THOMAS	4.2 NAME	
STREET ADDRESS	222-B HIGH POINT DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	ENGLEWOOD FL	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 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *MARY KOCHINKA* - MARY KOCHINKA

Date

8/3-974-8081

Daytime Phone