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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750502

1. Corporation Name

HIGHPOINT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

206B HIGH POINT DRIVE
ENGLEWOOD FL 34223

Mailing Address

206B HIGH POINT DRIVE
ENGLEWOOD FL 34223



198248 - 90156 - 4 9 *

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

01/08/1980

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

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

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

TITLE TD
NAME LUND, LILLIAN
STREET ADDRESS 208-B HIGH POINT DRIVE
CITY-ST-ZIP ENGLEWOOD FL

TITLE PD
NAME SCHAUB, MONICA
STREET ADDRESS 213-B HIGH POINT
CITY-ST-ZIP ENGLEWOOD FL

TITLE PDMD
NAME SCHAUB, MONIKA
STREET ADDRESS 213-B HIGH POINT DRIVE
CITY-ST-ZIP ENGLEWOOD FL

TITLE SD
NAME TATE, ROSE
STREET ADDRESS 211-A HIGH POINT DRIVE
CITY-ST-ZIP ENGLEWOOD FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PD
LUND, LILLIAN

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

PD
LUND, IVAN R
208-B HIGH POINT DR
ENGLEWOOD, FL 34223

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

VD
SHANNON, ROBERT
209-B HIGH POINT DR
ENGLEWOOD, FL 34223

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

SD
LA MONTAGNE, LINDA
216-A HIGH POINT DR
ENGLEWOOD, FL 34223

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TD
LUND, LILLIAN
208-B HIGH POINT DR
ENGLEWOOD, FL 34223

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

D
LA MONTAGNE, RENE
216-A HIGH POINT DR
ENGLEWOOD, FL 34223

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, with all other like empowered.

SIGNATURE:

Lillian Lund
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 4, 1999

941-475-5870

CR2E037 (1/98)