


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90097 034 \*\*\*\*61.25

<b>DOCUMENT # N39377</b>	
<b>1. Entity Name</b>	
<b>HIGH POINT OF FORT PIERCE PROPERTY ASSOCIATION, INC.</b>	

<b>Principal Place of Business</b>	<b>Mailing Address</b>
3266 SOUTH FEDERAL HIGHWAY HIGH POINT FORT PIERCE FL 34982	133 LAKES END DRIVE SUITE D-1 FORT PIERCE FL 34982 US

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

<b>4. FEI Number</b>		<b>Applied For</b>
NO-T APPLICABLE		Not Applicable
<b>5. Certificate of Status Desired</b>		<b>\$8.75 Additional Fee Required</b>
<input type="checkbox"/>		

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
CORNETT, JANE L ESQ <del>WACKEN, CORNETT, GOODE &amp; ROSS, P.A.</del> 401 E OSCEOLA ST STUART FL 34995	Name <u>Jane L. Cornett Esquire</u> Street Address (P.O. Box Number is Not Acceptable) <u>Cornett, Goode &amp; Associates P.A.</u> <u>401 E. Osceola St</u> City <u>Stuart</u> FL Zip Code <u>34994</u>

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature] (NOTE: Registered Agent signature required when reinstating) DATE 4/21/05

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME FOLTZ, LOWELL STREET ADDRESS 1210 SOUTH LAKES END DRIVE #A CITY-ST-ZIP FT. PIERCE FL 34982	<input checked="" type="checkbox"/> Delete	TITLE PD NAME STEVE DiPalma STREET ADDRESS 2728 SERENITY CIRCLE 9 CITY-ST-ZIP FT PIERCE, FL 34981	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME DIPLOMA, STEVEN STREET ADDRESS 824 TIMBERVIEW DRIVE #B CITY-ST-ZIP FORT PIERCE FL 34982	<input checked="" type="checkbox"/> Delete	TITLE VPD NAME DANIEL McEVoy STREET ADDRESS 1023 A PHEASANT RUN DR CITY-ST-ZIP FT. PIERCE, FL 34982	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TSD NAME MILLER, ROSEMARY STREET ADDRESS 1012 A PHEASANT DR. CITY-ST-ZIP FORT PIERCE FL 34982	<input type="checkbox"/> Delete	TITLE TSD NAME SAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE 4/18/05 DAYTIME PHONE # 772-370-7440