

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N42836**

1. Entity Name  
**HIGH COURT HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**% SARA G. EARL  
3303 THOMASVILLE ROAD  
TALLAHASSEE, FL 32308**

Mailing Address  
**% SARA G. EARL  
3303 THOMASVILLE ROAD  
TALLAHASSEE, FL 32308**

**DO NOT WRITE IN THIS SPACE**



01192007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-3106675**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**EARL, SARA G  
3303 THOMASVILLE ROAD  
TALLAHASSEE, FL 32308**

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000653142  
03/13/07-80009-001 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
EARL, ABBY  
1829 HIGH COURT  
TALLAHASSEE, FL 32304**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
EARL, MARNIE  
1824 HIGH COURT  
TALLAHASSEE, FL 32304**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
RAE, CHRIS  
1821 HIGH COURT  
TALLAHASSEE, FL 32304**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
EARL, SARA  
3303 THOMASVILLE ROAD  
TALLAHASSEE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ROGERS, BRYAN  
1818 HIGH COURT  
TALLAHASSEE, FL 32304**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Sara G. Earl* **SARA G. EARL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-28-07**

Date

**850-545-7779**

Daytime Phone #