


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2007 8:00 am
Secretary of State

07-19-2007 90024 002 ****61.25

DOCUMENT # N04000002664 1. Entity Name HIGH GROVE OF LAKE COUNTY HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 5401 S KIRKMAN RD STE 450 ORLANDO, FL 32819		Mailing Address 1330 PALMETTO AVENUE WINTER PARK, FL 32789	
2. Principal Place of Business - No P.O. Box # 1801 Cook Avenue		3. Mailing Address 1801 Cook Ave	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Orlando, Florida		City & State Orlando, Florida	
Zip 32806		Zip 32806	
Country U.S.		Country U.S.	
6. Name and Address of Current Registered Agent COMMUNITY MANAGEMENT PROFESSIONALS, INC. 5401 S KIRKMAN RD SUITE 450 ORLANDO, FL 32819		7. Name and Address of New Registered Agent Name Don Asler & Associates Street Address (P.O. Box Number is Not Acceptable) 1801 Cook Avenue City Orlando FL Zip Code 32806	
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 <u><i>[Signature]</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE	P ARCHER, LOUIS	<input type="checkbox"/> Delete	
STREET ADDRESS	125 EDGEWATER BRANCH DR		
CITY-ST-ZIP	JACKSONVILLE, FL 32259		
TITLE	VP	<input checked="" type="checkbox"/> Delete	
NAME	POWELL, GEORGE		
STREET ADDRESS	11 BROOM CLOSET HORP MARIOT		
CITY-ST-ZIP	NORWICH ENGLAND, UK		
TITLE	S	<input checked="" type="checkbox"/> Delete	
NAME	DUMBILL, VIVIEN		
STREET ADDRESS	65 PARK LANE WESTON TRENT		
CITY-ST-ZIP	DERBYSHIRE, ENGLAND, UK		
TITLE	T	<input type="checkbox"/> Delete	
NAME	POP, LYNNE		
STREET ADDRESS	22 DERBY RD		
CITY-ST-ZIP	MIDDLESEX, ENGLAND, UK		
TITLE	D	<input type="checkbox"/> Delete	
NAME	GILBERT, SHIRLEY		
STREET ADDRESS	3 ROLFE DR		
CITY-ST-ZIP	BURGESS HILL W. SUSSEX, UK		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Archer, Louis		
STREET ADDRESS	125 Edgewater Branch Drive		
CITY-ST-ZIP	JACKSONVILLE, FL 32259		
TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Sharon Dyon		
STREET ADDRESS	215 Summer Place Loop		
CITY-ST-ZIP	Clermont, FL 34714		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Christopher Atkins		
STREET ADDRESS	196 North Avenue		
CITY-ST-ZIP	NOTTS NG 24 370 United Kingdom		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Gilbert, Shirley		
STREET ADDRESS	3 Rolfe Dr		
CITY-ST-ZIP	Burgess Hill N. Sussex, UK		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: <u><i>Sharon Dyon</i></u> <u>7/10/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

40120000



07062007 Chg-NP CR2E037 (12/06)

4. FEI Number
55-0861690

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COMMUNITY MANAGEMENT PROFESSIONALS, INC.
5401 S KIRKMAN RD
SUITE 450
ORLANDO, FL 32819

Name **Don Asler & Associates**

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

1801 Cook Avenue

City **Orlando**

FL

Zip Code **32806**

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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 September 14, 2007**

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

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CITY-ST-ZIP

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125 EDGEWATER BRANCH DR
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SIGNATURE:

Sharon Dyon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/07
Date

Daytime Phone #