2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#750502

FILED Feb 20, 2009 Secretary of State

Entity Name: HIGHPOINT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

206B HIGH POINT DRIVE ENGLEWOOD, FL 34223

Current Mailing Address: New Mailing Address:

C/O PREFERRED ACCOUNTING SERVICES INC C/O ANTARES GROUP, INC 2750 CORAL WAY, SUITE 202 4195 S. TAMIAMI TR., PMB #173

MIAMI, FL 33145 VENICE, FL 34293

FEI Number: 59-1974327 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

ANTARES GROUP, INC ANTARES GROUP, INC 4195 S TAMIAMI TŘL PMB 173 4195 S TAMIAMI TRL., PMB 173 SARASOTA, FL 34236 VENICE, FL 34293

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.

SIGNATURE: CYNTHIA A. KRUMENAKER 02/20/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Name:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete MUELER, CHARLES Name: MUELLER, CHARLES Name:

359 S. GORE AVENUE Address: 4195 S. TAMIAMI TR., PMB #173 Address:

City-St-Zip: SAINT LOUIS, MO 631193603 City-St-Zip: VENICE, FL 34293

(X) Change () Addition Title: PD () Delete Title:

DAWSON, HARRY Name: DAWSON, HARRY Name: Address: 6675 BIRCH DRIVE, NE Address: 4195 S. TAMIAMI TR., PMB #173

City-St-Zip: KALKASKA, MI 49646 City-St-Zip: VENICE, FL 34293

Title: () Delete Title: (X) Change () Addition

Name:

SHARLOW, ALFRED SHARLOW, ALFRED 213 B HIGH POINT DR 4195 S. TAMIAMI TR., PMB #173 Address: Address:

City-St-Zip: ENGLEWOOD, FL 34223 City-St-Zip: VENICE, FL 34293

() Delete Title: VPD Title: VPD (X) Change () Addition

LUND, IVAN LUND, IVAN Name: Name: Address: 138 SHORE RD Address: 4195 S. TAMIAMI TR., PMB #173

City-St-Zip: BEDDINGTON, ME 04622 City-St-Zip: VENICE, FL 34293

Title: () Delete Title: () Change (X) Addition

GAMMONS, SAM Name: Name:

4195 S. TAMIAMI TR., PMB #173 Address: Address:

City-St-Zip: City-St-Zip: VENICE, FL 34293

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA A. KRUMENAKER MGR 02/20/2009

Electronic Signature of Signing Officer or Director

Date