

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39377

FILED  
Apr 07, 2009  
Secretary of State

**Entity Name:** HIGH POINT OF FORT PIERCE PROPERTY ASSOCIATION, INC.

**Current Principal Place of Business:**

3266 SOUTH FEDERAL HIGHWAY  
HIGH POINT  
FORT PIERCE, FL 34982

**New Principal Place of Business:**

3266 SOUTH FEDERAL HIGHWAY  
HIGH POINT  
FORT PIERCE, FL 349826723 US

**Current Mailing Address:**

1207 S. LAKES END-E2  
FORT PIERCE, FL 34982 US

**New Mailing Address:**

1207 S. LAKES END-E2  
FORT PIERCE, FL 349826723 US

FEI Number: 65-0225756

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

CORNETT, JANE L ESQ  
CORNETT, GOUGE & ASSOCIATES, P.A.  
401 E OSCEOLA ST  
STUART, FL 34994 US

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

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DIPALMA, STEVE  
Address: 2728 SERENITY CIRCLE A  
City-St-Zip: FORT PIERCE, FL 34981

Title: VPD ( ) Delete  
Name: FOLTZ, LOWELL  
Address: 133 DI LAKES END DR.  
City-St-Zip: FORT PIERCE, FL 34982

Title: TSD ( ) Delete  
Name: KAKAREKO, KAKY  
Address: 516 D CROOKED LANE LN  
City-St-Zip: FORT PIERCE, FL 34982

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: STEVE DIPALMA

PD

04/07/2009

Electronic Signature of Signing Officer or Director

Date