

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91012 021 ****61.25

DOCUMENT # N39377

1. Entity Name

HIGH POINT OF FORT PIERCE PROPERTY ASSOCIATION, INC.



Principal Place of Business

**3266 SOUTH FEDERAL HIGHWAY
HIGH POINT
FORT PIERCE FL 34982**

Mailing Address

**724 HIGH POINT BLVD
FORT PIERCE FL 34982
US**

2. Principal Place of Business

3. Mailing Address

**133 Lakes End Dr
Suite, Apt. #, etc.
D-1**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT. Pierce, FL

Zip

Country

Zip

Country

34982

US

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORNETT, JANE L ESQ
WACKEN, CORNETT, GOUGE & ROSS, P.A.
401 E OSCEOLA ST
STUART FL 34995**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

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

TITLE **PD** ☒ Delete
NAME **FOLTZ, LOWELL**
STREET ADDRESS **133-D1 LAKES END DR**
CITY-ST-ZIP **FT. PIERCE FL 34982**

TITLE **VPD** ☒ Delete
NAME **DIPLOMA, STEVEN**
STREET ADDRESS **565 SW CARTER AVE**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34983**

TITLE **TSO** ☒ Delete
NAME **CARLISLE, JAMES**
STREET ADDRESS **627-C PINES KNOLL DR**
CITY-ST-ZIP **FORT PIERCE FL 34982**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PO** ☒ Change ☐ Addition
NAME **LOUIS GUARINELLO**
STREET ADDRESS **1210 A SOUTH LAKES END DR**
CITY-ST-ZIP **FORT PIERCE, FL 34982**

TITLE **VPD** ☒ Change ☐ Addition
NAME **MAXIDE H. NEIER**
STREET ADDRESS **824-B TIMBERVIEW DR**
CITY-ST-ZIP **FT. PIERCE, FL 34982**

TITLE **TSO** ☒ Change ☐ Addition
NAME **DONALD G. BARLOWE**
STREET ADDRESS **910 B SAVANNAH POINT DR**
CITY-ST-ZIP **FT. PIERCE, FL 34982**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 REQUIRED **MAXIDE H. NEIER**

4/28/03

CR2E037 (10/02)