

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000008840

**Entity Name:** HIGH POINTE HOMEOWNERS ASSOCIATION OF NASSAU COUNTY, INC.

**FILED**  
**Jan 22, 2024**  
**Secretary of State**  
**8979744905CC**

**Current Principal Place of Business:**

1880 S 14TH STREET  
SUITE 103  
FERNANDINA BEACH, FL 32034

**Current Mailing Address:**

1880 S 14TH STREET  
SUITE 103  
FERNANDINA BEACH, FL 32034 US

**FEI Number: 65-1173043**

**Certificate of Status Desired: No**

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

GCAM OF AMELIA, INC.  
1880 S 14TH STREET  
SUITE 103  
FERNANDINA BEACH, FL 32034 US

*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: JOANNE MCCORMICK**

**01/22/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PIERSON, PAUL  
Address        1880 S 14TH STREET  
                  SUITE 103  
City-State-Zip: FERNANDINA BEACH FL 32034

Title            DIRECTOR  
Name            KERZHNER, EDUARD  
Address        1880 S 14TH STREET  
                  SUITE 103  
City-State-Zip: FERNANDINA BEACH FL 32034

Title            VP, SECRETARY  
Name            KROMIDAS, LARRY  
Address        1880 S 14TH STREET  
                  SUITE 103  
City-State-Zip: FERNANDINA BEACH FL 32034

Title            DIRECTOR  
Name            WADDELL, SHERI  
Address        1880 S 14TH STREET  
                  SUITE 103  
City-State-Zip: FERNANDINA BEACH FL 32034

Title            DIRECTOR  
Name            BOWMAN, ERIC  
Address        1880 SOUTH 14TH ST.  
                  SUITE 103  
City-State-Zip: FERNANDINA BEACH FL 32034

*I hereby 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 all other like empowered.*

**SIGNATURE: PAUL PIERSON**

**PRESIDENT**

**01/22/2024**

Electronic Signature of Signing Officer/Director Detail

Date