

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002865

Entity Name: HIGH POINT NORTH HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**2523 BOOTS ROAD
LAKELAND, FL 33810**Current Mailing Address:**P.O.BOX 92657
LAKELAND, FL 33804 US**FEI Number: 26-0488946****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CONTI, ANDREA
2523 BOOTS ROAD
LAKELAND, FL 33810 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P	Title	VP
Name	CONTI, ANDREA	Name	BROOME, CEATRICE
Address	2523 BOOTS ROAD	Address	2508 BOOTS RD.
City-State-Zip:	LAKELAND FL 33810	City-State-Zip:	LAKELAND FL 33810
Title	SECRETARY, TREASURER	Title	D
Name	DRUMMOND, PAULA	Name	BOLES, JACK
Address	8340 ADELE ROAD	Address	8403 ADELE ROAD
City-State-Zip:	LAKELAND FL 33810	City-State-Zip:	LAKELAND FL 33810
Title	D	Title	DIRECTOR
Name	ROSADO, JOSE	Name	HAYES, EUGENE
Address	2527 BOOTS ROAD	Address	8431 ADELE RD
City-State-Zip:	LAKELAND FL 33810	City-State-Zip:	LAKELAND FL 33810
Title	DIRECTOR	Title	DIRECTOR
Name	GORDON, MALIKA	Name	BRYSON, THADDEUS
Address	2547 BOOTS RD	Address	8332 ADELE RD
City-State-Zip:	LAKELAND FL 33810	City-State-Zip:	LAKELAND FL 33810

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: ANDREA CONTI**PRESIDENT****01/21/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date