

2013 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
Name	CONTI, ANDREA
Address	2523 BOOTS ROAD
City-State-Zip:	LAKELAND FL 33810

Title	VP
Name	BROOME, CEATRICE
Address	2508 BOOTS RD.
City-State-Zip:	LAKELAND FL 33810

Title	SECRETARY, TREASURER
Name	DRUMMOND, PAULA
Address	8340 ADELE ROAD
City-State-Zip:	LAKELAND FL 33810

Title	DIRECTOR
Name	CERRATO, GALE
Address	8303 ADELE ROAD
City-State-Zip:	LAKELAND FL 33810

Title	D
Name	BOLES, JACK
Address	8403 ADELE ROAD
City-State-Zip:	LAKELAND FL 33810

Title	D
Name	ROSADO, JOSE
Address	2527 BOOTS ROAD
City-State-Zip:	LAKELAND FL 33810

Title	DIRECTOR
Name	HAYES, EUGENE
Address	8431 ADELE RD
City-State-Zip:	LAKELAND FL 33810

Title	DIRECTOR
Name	GORDON, MALIKA
Address	2547 BOOTS RD
City-State-Zip:	LAKELAND FL 33810

Continues on page 2

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****02/02/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	CHIN, CAROL
Address	8415 ADELE RD
City-State-Zip:	LAKELAND FL 33810