


2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State
03-13-2008 90027 019 ****61.25

DOCUMENT # 720471					
1. Entity Name HIGH PINES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 9000 SW 152ND STREET #102 MIAMI, FL 33157 US			Mailing Address 9000 SW 152ND STREET #102 MIAMI, FL 33157 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1401393	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VARLA, REBECCA 1620 SW 56 AVE, #4 MIAMI, FL 33143			7. Name and Address of New Registered Agent Foster J. Scott 9000 SW 152 street #102 Miami, FL 33157		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$64.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WISEHEART, HILLARY		NAME		
STREET ADDRESS	5916 SW 82 ST		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33143		CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOEBEL, LESLIE		NAME		
STREET ADDRESS	7635 SW 57 AVE #3		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33143		CITY - ST - ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAURO, CLAUDIA		NAME		
STREET ADDRESS	5752 SW 77 TERRACE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33143		CITY - ST - ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRABOSKI, THOMAS		NAME		
STREET ADDRESS	3246 RIVIERA DR		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33143		CITY - ST - ZIP		
TITLE	Vice Pres	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAURI, CLAUDIA		NAME	Di	
STREET ADDRESS	5752 SW 77TH TERR		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33143		CITY - ST - ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARLA STEPHENS		NAME		
STREET ADDRESS	7715 SW 57 AVE #4		STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33143		CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____			2/28/08 305-669-2550		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		