

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720471

FILED
Jan 22, 2009
Secretary of State

Entity Name: HIGH PINES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

9000 SW 152ND STREET
#102
MIAMI, FL 33157 US

New Principal Place of Business:

Current Mailing Address:

9000 SW 152ND STREET
#102
MIAMI, FL 33157 US

New Mailing Address:

FEI Number: 59-1401393 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SCOTT, FOSTER J
9000 SW 152 ST 102
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WISEHEART, HILLARY
Address: 5916 SW 82 ST
City-St-Zip: MIAMI, FL 33143

Title: T () Delete
Name: GOEBEL, LESLIE
Address: 7635 SW 57 AVE #3
City-St-Zip: MIAMI, FL 33143

Title: PD () Delete
Name: GRABOSKI, THOMAS
Address: 3246 RIVIERA DR
City-St-Zip: MIAMI, FL 33143

Title: VP () Delete
Name: HAURI, CLAUDIA
Address: 5752 SW 77TH TERR
City-St-Zip: MIAMI, FL 33143

Title: S () Delete
Name: STEPHENS, CARLA
Address: 7715 SW 57 AVE 4
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: GOEBEL, LESLIE
Address: 7635 SW 57 AVE #3
City-St-Zip: MIAMI, FL 33143

Title: PD (X) Change () Addition
Name: GRABOSKI, THOMAS
Address: 3245 RIVIERA DR
City-St-Zip: CORAL GABLES, FL 33143

Title: SD (X) Change () Addition
Name: HAURI, CLAUDIA
Address: 5752 SW 77TH TERR
City-St-Zip: MIAMI, FL 33143

Title: VP (X) Change () Addition
Name: STEPHENS, CARLA
Address: 7715 SW 57 AVE # 4
City-St-Zip: MIAMI, FL 33143

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TOM GRABOSKI

PD

01/22/2009

Electronic Signature of Signing Officer or Director

Date