

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 720471

**FILED**  
**Mar 15, 2012**  
**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: VP  
Name: WISEHEART, HILLARY  
Address: 5916 SW 82 ST  
City-St-Zip: MIAMI, FL 33143

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

Title: PD  
Name: GRABOSKI, THOMAS  
Address: 3245 RIVIERA DR  
City-St-Zip: CORAL GABLES, FL 33143

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

Title: D  
Name: GORMAN, KATHLEEN  
Address: 7701 SW 57 AVE # 4  
City-St-Zip: MIAMI, FL 33143

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: LESLIE GOEBEL

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03/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date