

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90026 042 \*\*\*\*61.25

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1st MOORE CR2E037 (10/04)

<b>DOCUMENT # 726563</b> 1. Entity Name <b>HIGH POINT OF ORLANDO CONDOMINIUM ASSOCIATION SECTION 1, INC.</b>			
Principal Place of Business <b>1475 HIGHPOINT BLVD. ORLANDO FL 32825</b>		Mailing Address <b>1475 HIGHPOINT BLVD. ORLANDO FL 32825</b>	
2. Principal Place of Business <i>same as above</i>		3. Mailing Address <i>same as above</i>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State 		City & State 	
Zip 	Country 	Zip 	Country 
4. FEI Number <b>59-1750268</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ESPOSITO, HELEN 11123 ACME DR ORLANDO FL 32825</b>		7. Name and Address of New Registered Agent Name: <i>Judy Miller</i> Street Address (P.O. Box Number is Not Acceptable) <i>11104 Acme Drive</i> City: <i>Orlando, Florida</i> FL Zip Code <i>32825</i>	
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: <i>Judy Miller</i> <i>11104 Acme Dr. Orlando, FL 32825</i> <i>2/14/2005</i> (NOTE: Registered Agent signature required when remaining) DATE			
<b>FILE NOW: FEE IS \$81.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUCHANAN, BARBARA 1316 MESA DR ORLANDO FL 32825	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CONNACHER, JOHN 11131 ACME DR. ORLANDO FL 32825	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROWN, SUE 1425 HIGH POINT BLVD. ORLANDO FL 32825	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ESPOSITO, HELEN 11123 ACME DRIVE ORLANDO FL 32825	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURLEY, WILLIAM 1476 HIGH POINT BLVD. ORLANDO FL 32825	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Judy Miller</i> <i>11104 Acme Drive</i> <i>Orlando, Florida 32825</i>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Sue Brown 1425 Highpoint Blvd Orlando, FL 32825	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 Judy Miller 11104 Acme Drive Orlando, FL 32825	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Helen Esposito</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <i>2/14/2005</i> Daytime Phone #: <i>407-277-7943</i>	