SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 12 AM 9:14

DOCUMENT # 727573 (8)

1. Corporation Name
HIGH PINES PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7413 SW 53 AVE MIAMI FL 33143 US	1570 MADINGS AVE STE 216 CORAL GABLES FL 33146 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/28/1973
3a. Date of Last Report: 05/01/1994
4. FEI Number: 23-7354708 — Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

21 Principal Place of Business	26 Mailing Address: 1570 Madrugo Av
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.: 211
23 City & State	28 City & State: Coral Gables, Fl
24 Zip / 25 Country	29 Zip: 33146 / 30 Country: USA

9. Name and Address of Current Registered Agent
BARNS, PAUL D. JR
~~1570 MADRUGO AVE #216~~ 211
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 1570 Madrugo 2 #211
83:
84 City: Coral Gables FL 85 Zip Code: 33146

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [signature] DATE
Signature, typed or printed name of registered agent and the # applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	SMITH, DAVID	12 NAME	
STREET ADDRESS	7413 SW 53RD AVE	13 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	14 CITY - ST - ZIP	
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	BARNS, PAUL D JR.	22 NAME	
STREET ADDRESS	1570 MADRUGO AV #216	23 STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 00000	24 CITY - ST - ZIP	
TITLE	D	31 TITLE	DVP ☐ Change ☒ Addition
NAME	~~ARNOLD, WALTER~~ Lynn Grentner	32 NAME	Lynn Grentner
STREET ADDRESS	~~7421 SW 55TH AVE.~~ 7222 SW 53 Ave	33 STREET ADDRESS	7222 SW53 Ave
CITY - ST - ZIP	~~MIAMI, FL 00000~~ Miami, FL	34 CITY - ST - ZIP	Miami, Fla 33143
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	PATTERSON, GEO E	42 NAME	
STREET ADDRESS	6285 SW 54TH AVE	43 STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 00000	44 CITY - ST - ZIP	
TITLE	SD	51 TITLE	☐ Change ☐ Addition
NAME	NOPPENBERG, MAXINE	52 NAME	
STREET ADDRESS	7238 SW 54TH AVE	53 STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 00000	54 CITY - ST - ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Secretary 6/6/95 666-6177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E037 (3/95)

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