2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# 727573

Entity Name: HIGH PINES PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

5900 S.W. 73RD STREET
SUITE 300
SOUTH MIAMI, FL 33143 US

New Principal Place of Business:

Current Mailing Address:

5900 S.W. 73RD STREET
SUITE 300
SOUTH MIAMI, FL 33143 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, DAVID N
5900 S.W. 73RD STREET
SUITE 300
SOUTH MIAMI, FL 33143 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: PD ( ) Delete
Name: SMITH, DAVID
Address: 5900 S.W. 73RD STREET
City-St-Zip: SOUTH MIAMI, FL

Title: VD ( ) Delete
Name: HEATLEY, SUSAN
Address: 5101 S.W. 74 TERRACE
City-St-Zip: MIAMI, FL

Title: D ( ) Delete
Name: DONNER, KEITH
Address: 7525 S.W. 54 COURT
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SMITH, DAVID N
Address: 5900 S.W. 73RD STREET, #300
City-St-Zip: SOUTH MIAMI, FL 33143

Title: VD (X) Change ( ) Addition
Name: HEATLEY, SUSAN
Address: 5101 S.W. 74 TERRACE
City-St-Zip: MIAMI, FL 33143

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

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: DAVID N. SMITH PD 03/24/2009

Electronic Signature of Signing Officer or Director — Date