2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745435

FILED Apr 29, 2009 Secretary of State

Entity Name: HIGH SIERRA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 7175 HIGH SIERRA CIR 7150 HIGH SIERRA CIR WEST PALM BEACH, FL 33411 WEST PALM BEACH, FL 33411 **Current Mailing Address: New Mailing Address:** 7150 HIGH SIERRA CIR 7175 HIGH SIERRA CIR WEST PALM BEACH, FL 33411 WEST PALM BEACH, FL 33411 FEI Number: 59-2585496 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WHALEN, MICHAEL J 7150 HIGH SIERRA CIR WEST PALM BEACH, FL 33411 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WEINGARTEN, LUNA Name: Name: 7180 HIGH SIERRA CIR Address: Address: City-St-Zip: WEST PALM BEACH, FL City-St-Zip: Title: **PRES** () Delete Title: () Change () Addition Name: CROUSE, BILL Name: Address: 7175 HIGH SIERRA CIR Address: City-St-Zip: WEST PALM BEACH, FL 33411 City-St-Zip: Title: () Delete Title: () Change () Addition WHALEN, MICHAEL J Name: Name: 7150 HIGH SIERRA CT Address: Address: City-St-Zip: WEST PALM BEACH, FL 33411 City-St-Zip: Title: () Delete Title: () Change () Addition NADEAU, DAN Name: Name: Address: 7220 HIGH SIERRA CIRCLE Address: City-St-Zip: WEST PALM BEACH, FL 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: MICHAEL J WHALEN TREA 04/29/2009