

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90108 001 ****61.25

DOCUMENT # 747683

1. Entity Name
HIGHLAND POINTE ASSOCIATION, INC.



Principal Place of Business
**1101 HIGHLAND BEACH DRIVE
HIGHLAND BEACH, FL 33487**

Mailing Address
**2950 W CYPRESS CREED RD
STE 102
FORT LAUDERDALE, FL 33309**

4003



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03152006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0050025

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOLDING, STEPHEN M
2950 W CYPRESS CREEK RD
STE 102
FORT LAUDERDALE, FL 33309**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	STOWE, SUSAN C	
STREET ADDRESS	1101 A HIGHLAND BEACH DRIVE	
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRUTA, ROBERTA	
STREET ADDRESS	1101C HIGHLAND BEACH DRIVE	
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDING, STEPHEN M	
STREET ADDRESS	1101B HIGHLAND BEACH DRIVE	
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN M. GOLDING, DIRECTOR

3/23/06

Date

954-545-6070

Daytime Phone #