


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90063 021 ****61.25

DOCUMENT # 750502

1. Entity Name
 HIGHPOINT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 206B HIGH POINT DRIVE
 ENGLEWOOD, FL 34223

Mailing Address
 C/O PREFERRED ACCOUNTING SERVICES INC
 2750 CORAL WAY, SUITE 202
 MIAMI, FL 33145



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03032008 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
 59-1974327

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ANTARES GROUP, INC.
 4195 S TAMiami TRl PMB 173
~~SARASOTA, FL 34236~~
 Venice, FL 34293

7. Name and Address of New Registered Agent

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]* *[Signature]* 04.07.08
Signature, typed or printed name of registered agent and title if applicable (NOT) Registered Agent signature required when reinstating DATE

Filing Fee is \$61.25
Due by May 1, 2008

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

TITLE	S	<input type="checkbox"/> Delete
NAME	MUELER, CHARLES	
STREET ADDRESS	359 S. GORE AVENUE	
CITY-ST-ZIP	SAINT LOUIS, MO- 631193603	
TITLE	V	<input type="checkbox"/> Delete
NAME	DAWSON, HARRY	
STREET ADDRESS	6675 BIRCH DRIVE, NE	
CITY-ST-ZIP	KALKASKA, MI 49646	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHARLOW, ALFRED	
STREET ADDRESS	213 B HIGH POINT DR	
CITY-ST-ZIP	ENGLEWOOD, FL 34223	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MAYCHER, BERNARD	
STREET ADDRESS	224 B HIGH POINT DR	
CITY-ST-ZIP	ENGLEWOOD, FL 34223	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HALL, ROBERT L	
STREET ADDRESS	220 B HIGH POINT DR	
CITY-ST-ZIP	ENGLEWOOD, FL 34233	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VPD Lund, Ivan	
STREET ADDRESS	138 Shore Road	
CITY-ST-ZIP	Beddington, ME 04622	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S Gammons, Sam	
STREET ADDRESS	22 Biscaigne Parkway	
CITY-ST-ZIP	Nashua, NH 03064-1169	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]* HARRY N. DAWSON 4-9-08 231-581-5429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #