

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750502

FILED  
Feb 09, 2011  
Secretary of State

**Entity Name:** HIGHPOINT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

206B HIGH POINT DRIVE  
ENGLEWOOD, FL 34223

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ANTARES GROUP, INC.  
4195 S. TAMIAMI TR., PMB #173  
VENICE, FL 34293

**New Mailing Address:**

FEI Number: 59-1974327

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ANTARES GROUP, INC.  
4195 S TAMIAMI TR., PMB 173  
VENICE, FL 34293 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: TD  
Name: MUELLER, CHARLES  
Address: 4195 S. TAMIAMI TR., PMB #173  
City-St-Zip: VENICE, FL 34293

Title: PD  
Name: DAWSON, HARRY  
Address: 4195 S. TAMIAMI TR., PMB #173  
City-St-Zip: VENICE, FL 34293

Title: D  
Name: SHARLOW, ALFRED  
Address: 4195 S. TAMIAMI TR., PMB #173  
City-St-Zip: VENICE, FL 34293

Title: VPD  
Name: THOMAS, ANDREW  
Address: 4195 S. TAMIAMI TR., PMB #173  
City-St-Zip: VENICE, FL 34293

Title: SD  
Name: MAYCHER, BERNIE  
Address: 4195 S. TAMIAMI TR., PMB #173  
City-St-Zip: VENICE, FL 34293

I hereby 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 all other like empowered.

SIGNATURE: HARRY DAWSON

PRES

02/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date