

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90287 047 \*\*\*\*61.25

<b>DOCUMENT # 765811</b> 1. Entity Name HIGH POINT CONDOMINIUM ASSOCIATION OF BREVARD, INC.	
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Principal Place of Business 400 HIGH POINT DRIVE SUITE 300 COCOA, FL 32926	Mailing Address 400 HIGH POINT DRIVE SUITE 300 COCOA, FL 32926
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**20042104**



04192005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2384058	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SHERIFF, F.A. 400 HIGH POINT DR, STE 500 COCOA, FL 32926	<b>DO NOT WRITE IN THIS SPACE</b>
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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

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SIMPKINS, B W 400 HIGH POINT DR #500 COCOA, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ANDERSEN, ROBERT E JR 400 HIGH POINT DR # 300 COCOA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHERIFF, F A 400 HIGH POINT DR #500 COCOA, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 title empowered.

**SIGNATURE:**  **4/20/05 321-236-1247**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**ROBERT E. ANDERSEN, JR.**