

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **770308** (5)  
1. Corporation Name  
**CONTINENTAL HIGH HOMEOWNERS ASSOCIATION, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 31 PM 3:25

Principal Place of Business Mailing Address  
P.O. BOX 2621 TALLAHASSEE FL 32316 P.O. BOX 2621 TALLAHASSEE FL 32316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/20/1983** 3a. Date of Last Report **04/06/1994**  
4. FEI Number **59-3155454** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suits, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**BOURLAND, WALLACE H.  
C/O STAR REALTY  
2100 CONTINENTAL AVENUE  
TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **2113 CONTINENTAL AVENUE**  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the # applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
PD **BOURLAND, WALLACE**  
**2100 CONTINENTAL AVENUE**  
**TALLAHASSEE FL**  
VD **KILLETTE, MARK**  
**1236 HIGH ROAD**  
**TALLAHASSEE FL**  
STD **PAULSON, BARBARA J**  
**1904 RAA AVENUE**  
**TALLAHASSEE FL**  
D **ALTER-BULENT**  
**1266 HIGH ROAD**  
**TALLAHASSEE FL**  
D **PAULSON, ROBERT A**  
**1904 RAA AVENUE**  
**TALLAHASSEE FL**  
D **YOUNGBLOOD, SHAUN**  
**1266 HIGH RD**  
**TALLAHASSEE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS **2113 CONTINENTAL AVENUE**  
1.4 CITY-ST-ZIP **TALLAHASSEE, FL 32304**  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME **D MULLIGAN, WILL**  
4.3 STREET ADDRESS **1278 HIGH ROAD**  
4.4 CITY-ST-ZIP **TALLAHASSEE, FL 32304**  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Barbara J. Paulson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**BARBARA J. PAULSON**

**3-26-95**  
Date

**488-9935**  
Telephone Number

770308

**Continental High Homeowners Association, Inc.**

*Post Office Box 2621, Tallahassee, FL 32316-2621*

**ADDITIONAL DIRECTORS**

7.1 D  
7.2 CROWDER, TAMMY  
7.3 1288 HIGH ROAD  
7.4 TALLAHASSEE, FL 32304

8.1 D  
8.2 FRED A, LARA  
8.3 1214 HIGH ROAD  
8.4 TALLAHASSEE, FL 32304

9.1 D  
9.2 LINDSEY, REBECCA  
9.3 1288 HIGH ROAD  
9.4 TALLAHASSEE, FL 32304