

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008840

FILED
Jan 20, 2009
Secretary of State

Entity Name: HIGH POINTE HOMEOWNERS ASSOCIATION OF NASSAU COUNTY, INC.

Current Principal Place of Business:

96249 HIGH POINTE DR.
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

Current Mailing Address:

96249 HIGH POINTE DR.
FERNANDINA BEACH, FL 32034

New Mailing Address:

FEI Number: 65-1173043

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERT L. PETERS, P.A.
28 SOUTH 10TH STREET
FERNANDINA BEACH, FL 32034 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: P () Delete
Name: BELL, DON
Address: 96081 HIGH POINTE DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: S () Delete
Name: HEYMANN, RAEGAN
Address: 96406 HIGH POINTE DR
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VP () Delete
Name: MASON, DAMON
Address: 891 S. FLETCHER
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D () Delete
Name: ALLISON, LYNN
Address: 96034 SANDY POINT CIR
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: T () Delete
Name: TONTI, LOUIS
Address: 96249 HIGH POINT DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MASON, DAMON
Address: PO BOX 15057
City-St-Zip: FERNANDINA BEACH, FL 32035

Title: S (X) Change () Addition
Name: WILLIAMS, TIMOTHY
Address: 96324 HIGH POINTE DR
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VP (X) Change () Addition
Name: SOBOLEWSKI, MARK
Address: 96360 HIGH POINTE DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LOUIS G. TONTI

T

01/20/2009

Electronic Signature of Signing Officer or Director

Date