

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010047

FILED
Apr 05, 2007
Secretary of State

Entity Name: HIGHCROFT POINTE TOWNHOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. ST RD. 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 W. ST RD. 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 20-0448879

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 SUITE 5000
LONGWOOD, FL 32779 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: PD () Delete
Name: BENNETT, DALE
Address: 228 HIGH CASTLE LN
City-St-Zip: LONGWOOD, FL 32779

Title: VPD () Delete
Name: SHERRON, DANIEL
Address: 804 CHALLIS PT
City-St-Zip: LONGWOOD, FL 32779

Title: SD () Delete
Name: VOORHEES, SUE
Address: 529 SHINING ARMOR LN
City-St-Zip: LONGWOOD, FL 32779

Title: TD () Delete
Name: MACKENZIE, MARGO
Address: 557 SHINING ARMOR LN
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: JOHNSTON, LINDSEY
Address: 473 BLACK KNIGHT WAY
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: DALE BENNETT

PD

04/05/2007

Electronic Signature of Signing Officer or Director

Date