



2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N06000002865 1. Entity Name HIGH POINT NORTH HOMEOWNERS ASSOCIATION, INC.				FILED 08 SEP -8 AM 9:25 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 8475 ADELE ROAD LAKELAND, FL 33810 US		Mailing Address 8475 ADELE ROAD LAKELAND, FL 33810 US			
2. Principal Place of Business - No P.O. Box # 2523 Boots Rd		3. Mailing Address 2523 Boots Rd			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Lakeland FL		City & State Lakeland FL		4. FEI Number 26-0488946	
Zip 33810		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAHONEY, BILL 8475 ADELE ROAD LAKELAND, FL 33810				7. Name and Address of New Registered Agent Name ANDREA Conti Street Address (P.O. Box Number is Not Acceptable) 2523 Boots Rd City Lakeland FL Zip Code 33810	
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 <u><i>Andrea Conti</i></u> 9/4/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAHONEY, BILL 8475 ADELE ROAD LAKELAND, FL 33810 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARL Baisden 8436 Adele Rd Lakeland FL 33810 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICHARDSON, BILL 8491 ADELE ROAD LAKELAND, FL 33810 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. GARY WARREN 8435 Adele Rd Lakeland FL 33810 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CONTI, ANDREA 2523 BOOTS RD LAKELAND, FL 33810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Andrea Conti 2523 Boots Rd Lakeland FL 33810 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARNOLD, BOB 8443 ADELE ROAD LAKELAND, FL 33810 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas. James Kruse 8432 Adele Rd Lakeland FL 33810 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400136271184 09/23/08--01049--018 **61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.					
SIGNATURE: <u><i>Andrea Conti, Pres.</i></u> 9/4/08 863-859-2646 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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