2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 17, 2006 8:00 am Secretary of State

DOCUMENT # N16445 1. Entity Name HIGH COLONY OF TALLAHASSEE HOMEOWNERS ASSOCIATION, INC.				105% I	97-17-2006 90	0138 029 ****70.	.00	
Principal Place of Business Mailing Address 5308 HIGH COLONY DR P O BOX 13132 TALLAHASSEE, FL 32317 US TALLAHASSEE, FL 32308			8 US	(ale ly aleli aral ı eleli eralı era	10/81 8 1 128L	
2. Principal Place of Business 5369 High Colony Dr		3. Mailing Address						
Suite, Apt.		Suite, Apt. #, etc.		07132006	Chg-NP	CR2E037 (4/06)		
City & State		City & State		4. FEI Number NOT APP	LICABLE		pplied For ot Applicable	
Zíp	Country	Zip	Country	5. Certificate of		\$8.75 Add Fee Require	ditional ed	
	6. Name and Address of Current	t Registered Agent	Name	7. Name and Ad	idress of New Re	egistered Agent		
COLEMAN, LESLIE 5369 HIGH COLONY DRIVE				Street Address (P.O. Box Number Is Not Acceptable)				
TALLAHA	SSEE, FL 32317							
			City	City FL Zip Code				
8. The above the obligat	e named entity submits this statement for tions of registered agent.			registered agent, or both,	in the State of Flor	rida. I am familiar with,	, and accept	
	U 11 /10/	1 2016 /1.10		70 -		و استاس		
SIGNATURE	Stgnature, typed or printed name of registered agen	Leslie Cole		re required when reinstating)		7/13/06 DATE		
			Registered Agent signatur Dalgh Financing			TATE Ake check payable to the Department of S		
D 10.	Signature, typed or printed name of registered agent Filling Fee is \$61.25 ue by September 6, 2006 OFFICERS AND D	9. Election Camp Trust Fund Co	Registered Agent signatur Dalgh Financing	\$5.00 May Be Added to Fees ADDITIONS/CHAN	Florid	'DATE ' 	v 10	
10.	Signature, typed or printed name of registered again Filling Fee is \$61.25 tue by September 6, 2006 OFFICERS AND D	s and title if applicable. (NOTE: F 9. Election Camp Trust Fund Co	Pegistered Agent signature palign Financing intribution.	\$5.00 May Be Added to Fees ADDITIONS/CHAN	Flori GES TO OFFICER	thate 'ake check payable to da Department of S	itate	
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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.