

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16445

FILED
Feb 12, 2009
Secretary of State

Entity Name: HIGH COLONY OF TALLAHASSEE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5369 HIGH COLONY DR
TALLAHASSEE, FL 32317 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 13132
TALLAHASSEE, FL 32308 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ERNEST, LADKANI
1107 LOVERS LANE
TALLAHASSEE, FL 32317 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: SD () Delete
Name: COTE, KIM
Address: 1120 LOVERS LANE
City-St-Zip: TALLAHASSEE, FL 32317

Title: TD () Delete
Name: BISPING, NICOLE
Address: 5201 HIGH COLONY
City-St-Zip: TALLAHASSEE, FL 32317

Title: VPD () Delete
Name: BLAIN, MICHAEL
Address: 1061 LOVERS LANE
City-St-Zip: TALLAHASSEE, FL 32317

Title: PD () Delete
Name: LADKANI, ERNEST
Address: 1107 LOVERS LN, N
City-St-Zip: TALLAHASSEE, FL 32317

Title: D () Delete
Name: POINDEXTER, DON
Address: 5356 HIGH COLONY DR.
City-St-Zip: TALLAHASSEE, FL 32317

Title: D () Delete
Name: COLEMAN, LESLIE
Address: 5369 HIGH COLONY DR.
City-St-Zip: TALLAHASSEE, FL 32317

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
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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 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: MICHAEL G. BLAIN

VPD

02/12/2009

Electronic Signature of Signing Officer or Director

Date