

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16445

FILED  
Jan 18, 2010  
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:**

1061 LOVERS LANE  
TALLAHASSEE, FL 32317 US

**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:**

BLAIN, MICHAEL  
1061 LOVERS LANE  
TALLAHASSEE, FL 32317 US

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: MICHAEL BLAIN

01/18/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD  
Name: COTE, KIM  
Address: 1120 LOVERS LANE  
City-St-Zip: TALLAHASSEE, FL 32317

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

Title: PD  
Name: BLAIN, MICHAEL  
Address: 1061 LOVERS LANE  
City-St-Zip: TALLAHASSEE, FL 32317

Title: VPD  
Name: POINDEXTER, DONALD  
Address: 5356 HIGH COLONY DRIVE  
City-St-Zip: TALLAHASSEE, FL 32317

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

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

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL G. BLAIN

PD

01/18/2010

Electronic Signature of Signing Officer or Director

Date