

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90049 017 \*\*\*\*61.25

**DOCUMENT # N29590**

1. Entity Name

HIGHLAND POINT HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

PO BOX 120443  
CLERMONT FL 34712-0443

Mailing Address

PO BOX 120443  
CLERMONT FL 34712-0443

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHULTZ, KATHLEEN  
10735 PT OVERLOOK DR  
CLERMONT FL 34711

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME SUNSERI, DAVID  
STREET ADDRESS 11725 LAKE CLAIR CIR  
CITY-ST-ZIP CLERMONT FL 34711

TITLE VD ☒ Delete  
NAME SEHLIN, DAVID  
STREET ADDRESS 10634 POINT OVERLOOK DR  
CITY-ST-ZIP CLERMONT FL 34711

TITLE STD ☐ Delete  
NAME ADAMS, PAT  
STREET ADDRESS 10715 POINT OVERLOOK DR  
CITY-ST-ZIP CLERMONT FL 34711

TITLE TSD ☐ Delete  
NAME FALLMAN, FRED  
STREET ADDRESS 10625 POINT OVERLOOK DR  
CITY-ST-ZIP CLERMONT FL 34711

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition  
NAME ROBERT A. FALL, JR  
STREET ADDRESS 11722 LAKE CLAIR CIRCLE  
CITY-ST-ZIP CLERMONT, FL 34711

TITLE VD ☒ Change ☐ Addition  
NAME ~~ROBERT~~ DAVID SUNSERI  
STREET ADDRESS 11725 LAKE CLAIR CIRCLE  
CITY-ST-ZIP CLERMONT, FL 34711

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Fred Fallman* FRED FALLMAN, TREASURER 2/1/06 352-241-2070