## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N29590

FILED Feb 26, 2008 Secretary of State

Entity Name: HIGHLAND POINT HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

PO BOX 120443 10710 PARKWAY DRIVE CLERMONT, FL 347120443 CLERMONT, FL 34711

Current Mailing Address: New Mailing Address:

PO BOX 120443 P.O. BOX 120443 CLERMONT, FL 347120443 CLERMONT, FL 34712

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHULTZ, KATHLEEN WARD, STEPHEN C TSD 10735 PT OVERLOOK DR 10701 PARKWAY DRIVE CLERMONT, FL 34711 US CLERMONT, FL 34711 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: STEPHEN C. WARD 02/26/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:PD () DeleteTitle:PD (X) Change () AdditionName:RAYBORN, KENTName:SCHNEBERGER, SCOTTAddress:11802 HIGHLAND POINT DR.Address:10615 POINT OVERLOOK DRIVE

City-St-Zip: CLERMONT, FL 34711 City-St-Zip: CLERMONT, FL 34711

Title: VD ( ) Delete Title: VD (X) Change ( ) Addition Name: SEHLIN, DAVID Name: SUNSERI, DAVID

Address: 11725 LAKE CLAIR CIR Address: 11725 LAKE CLAIR CIR City-St-Zip: CLERMONT, FL 34711 City-St-Zip: CLERMONT, FL 34711

Title: STD () Delete Title: () Change () Addition

 Name:
 ADAMS, PAT
 Name:

 Address:
 10715 POINT OVERLOOK DR
 Address:

 City-St-Zip:
 CLERMONT, FL 34711
 City-St-Zip:

Title: TSD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 WARD, STEPHEN C
 Name:

 Address:
 10710 PARKWAY DR.
 Address:

 City-St-Zip:
 CLERMONT, FL 34711
 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: STEPHEN C. WARD TSD 02/26/2008