2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# N29590

Entity Name: HIGHLAND POINT HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

10710 PARKWAY DRIVE
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 120443
CLERMONT, FL 34712

New Mailing Address:

FEI Number: 59-2936910 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WARD, STEPHEN C TSD
10701 PARKWAY DRIVE
CLERMONT, FL 34711 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: PD ( ) Delete
Name: SCHNEBERGER, SCOTT
Address: 10615 POINT OVERLOOK DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: VD ( ) Delete
Name: SUNSERI, DAVID
Address: 11725 LAKE CLAIR CIR
City-St-Zip: CLERMONT, FL 34711

Title: STD ( ) Delete
Name: ADAMS, PAT
Address: 10715 POINT OVERLOOK DR
City-St-Zip: CLERMONT, FL 34711

Title: TSD ( ) Delete
Name: WARD, STEPHEN C
Address: 10710 PARKWAY DR.
City-St-Zip: CLERMONT, FL 34711

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
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: STEPHEN C. WARD TSD 01/21/2009

Electronic Signature of Signing Officer or Director — Date