

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N29590

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**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:**

P.O. BOX 120443  
CLERMONT, FL 34712 US

**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  
Name: POOL, BOBBY  
Address: 11722 LAKE CLAIR CIRCLE  
City-St-Zip: CLERMONT, FL 34711

Title: VD  
Name: MOORE, CHARLES  
Address: 10650 POINT OVERLOOK DRIVE  
City-St-Zip: CLERMONT, FL 34711

Title: STD  
Name: SUNSERI, VICKIE  
Address: 11725 LAKE CLAIR CIR  
City-St-Zip: CLERMONT, FL 34711

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

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: STEPHEN C. WARD

TSD

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date