FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 13 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N31542 (6)

1. Corporation Name
HIGH RIDGE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PO BOX 530 LAKE GENEVA FL 32160 US	PO BOX 530 LAKE GENEVA FL 32160 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/06/1989
3a. Date of Last Report: 03/04/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

GREEN, LLOYD A.
R.R. 335 S.E. LAKEVIEW
KEYSTONE HEIGHTS FL 32656

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	SIMPSON, PATSY A.	1.2 NAME	TOWLE, MARTHA	
STREET ADDRESS	6414 BUCKNELL AVE.	1.3 STREET ADDRESS	6378 ALLIANCE AVE.	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL	1.4 CITY-ST-ZIP	KEYSTONE HEIGHTS, FL. 32656	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	SIMPSON, DAVID L.	2.2 NAME	TOOMBS, CARL	
STREET ADDRESS	6414 BUCKNELL AVE.	2.3 STREET ADDRESS	6320 TULANE AVE.	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL	2.4 CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656	
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	DEWITT, CLEOPHUS	3.2 NAME		
STREET ADDRESS	6408 SWARTHMORE DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE GENEVA FL	3.4 CITY-ST-ZIP	700001429807 03/15/95--01024--005 *****61.25	
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	TOOMBS, DARLENE	4.2 NAME		
STREET ADDRESS	6320 TULANE AVE.	4.3 STREET ADDRESS		
CITY-ST-ZIP	KEYSTONE HEIGHTS FL	4.4 CITY-ST-ZIP		
TITLE	SD	5.1 TITLE		☐ Change ☐ Addition
NAME	MCDONALD, PERCY	5.2 NAME		
STREET ADDRESS	6305 DENNISON AVE.	5.3 STREET ADDRESS		
CITY-ST-ZIP	KEYSTONE HEIGHTS FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP	3/15/95	

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Martha Towle 2-20-95 (904) 473-7630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MARTHA TOWLE = PRESIDENT