

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N38450**

1. Entity Name  
**HIGH PINES SUBDIVISION HOMEOWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**HIGH PINES PROPERTY  
6426 55TH SQUARE  
VERO BEACH, FL 32967**

Mailing Address  
**P.O BOX 204  
WINTER BCH, FL 32971**



02202007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**65-0203194**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**MCKINNON, CHARLES W  
3425 OCEAN DRIVE  
VERO BEACH, FL 32967**

**DO NOT WRITE  
IN THIS SPACE**

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
HUTCHINSON, RON  
6451 55TH SQUARE  
VERO BEACH, FL 32967**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PT  
MIRANDA, JOSEPH  
6426 55TH SQ  
VERO BCH, FL 32967**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
ZEILER, SHIRLEY  
6464 55TH SQUARE  
VERO BEACH, FL 32967**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
CYBULSKI, JOHN  
6459 55TH SQUARE  
VERO BEACH, FL 32967**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
BRITON, KURT  
6415 55TH SQ  
VERO BEACH, FL 32967**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000659323  
03/16/07-80026-018 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*Joseph R. Miranda, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/1/07*  
Date

*772-778-4420*  
Daytime Phone #