
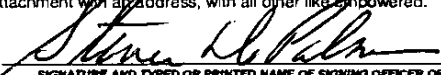


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90049 008 ****61.25

| | | | | | |
|--|---|--|---|--|--|
| DOCUMENT # N39377 1. Entity Name HIGH POINT OF FORT PIERCE PROPERTY ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 3266 SOUTH FEDERAL HIGHWAY HIGH POINT FORT PIERCE, FL 34982 | | | Mailing Address 133 LAKES END DRIVE SUITE D-1 FORT PIERCE, FL 34982 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 1207 SLAKES END - E2 | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. FT PIERCE FL | | | |
| City & State | | City & State 34982 | | 4. FEI Number NOT APPLICABLE | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CORNETT, JANE L ESQ CORNETT, GOUGE & ASSOCIATES, P.A. 401 E OSCEOLA ST STUART, FL 34994 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ (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. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD DIPOLMA, STEVE 2728 SERENITY CIRCLE A FORT PIERCE, FL 34981 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPD KAKAREKE, KARY 516-D CROOKED LAKE LN FORT PIERCE, FL 34982 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPD LOWELL FOLTZ 133 DI LAKES END DR. FT. PIERCE, FL 34982 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TSD TAVARES, JAMES 1238-D SOUTH LAKES END DR FORT PIERCE, FL 34982 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | TSD KARY KAKAREKE 516 D CROOKED LAKE LN FT. PIERCE FL 34982 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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:  | | | 3/19/07 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |