2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# N39377

Entity Name: HIGH POINT OF FORT PIERCE PROPERTY ASSOCIATION, INC.

Current Principal Place of Business:

3266 SOUTH FEDERAL HIGHWAY
HIGH POINT
FORT PIERCE, FL 34982

New Principal Place of Business:

3266 SOUTH FEDERAL HIGHWAY
HIGH POINT
FORT PIERCE, FL 349826723 US

Current Mailing Address:

1207 S. LAKES END-E2
FORT PIERCE, FL 34982 US

New Mailing Address:

1207 S. LAKES END-E2
FORT PIERCE, FL 349826723 US

FEI Number: 65-0225756 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORNETT, JANE L ESQ
CORNETT, GOOGE & ASSOCIATES, P.A.
401 E OSCEOLA ST
STUART, FL 34994 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: DIPALMA, STEVE
Address: 2728 SERENITY CIRCLE A
City-St-Zip: FORT PIERCE, FL 34981

Title: VPD ( ) Delete
Name: FOLTZ, LOWELL
Address: 133 DI LAKES END DR.
City-St-Zip: FORT PIERCE, FL 34982

Title: TSD ( ) Delete
Name: KAKAREKO, KAKY
Address: 516 D CROOKED LANE LN
City-St-Zip: FORT PIERCE, FL 34982

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:

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: STEVE DIPALMA PD 04/07/2009
Electronic Signature of Signing Officer or Director — Date