


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90034 019 ****61.25

DOCUMENT # N42836	
1. Entity Name HIGH COURT HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business % SARA G. EARL 3303 THOMASVILLE ROAD TALLAHASSEE, FL 32308	Mailing Address % SARA G. EARL 3303 THOMASVILLE ROAD TALLAHASSEE, FL 32308
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01072005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3106675	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**EARL, SARA G
3303 THOMASVILLE ROAD
TALLAHASSEE, FL 32308**

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

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLOWERS, AMBER 1003 HIGH COURT TALLAHASSEE, FL 32304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BERNSTEIN, ADRIANNA 1827 HIGH COURT TALLAHASSEE, FL 32304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAE, CHRIS 1821 HIGH COURT TALLAHASSEE, FL 32304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EARL, SARA 3303 THOMASVILLE ROAD TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, BRYAN 1818 HIGH COURT TALLAHASSEE, FL 32304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SARA G. EARL **SARA G. EARL, DIRECTOR** 3/15/05 850-545-1119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #