

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90085 033 ****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**

40047200



01182006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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	P ABBY, EARL EARL, ABBY 1829 HIGH COURT TALLAHASSEE, FL 32304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BERNARD, ADRIANNA EARL, MAZIE 1024 HIGH COURT 1824 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	

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SARA G. EARL

4-7-06

Date

850-545-7779

Daytime Phone #