2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N42836

Entity Name: HIGH COURT HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

% DAN ISAACS
528 E. PARK AVENUE
TALLAHASSEE, FL 32303

New Principal Place of Business:

% DAN ISAACS
528 E. PARK AVENUE
TALLAHASSEE, FL 32301

Current Mailing Address:

% DAN ISAACS
528 E. PARK AVENUE
TALLAHASSEE, FL 32303

New Mailing Address:

% DAN ISAACS
528 E. PARK AVENUE
TALLAHASSEE, FL 32301

FEI Number: 59-3106675 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ISAACS, DAN
528 E. PARK AVENUE
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

ISAACS, DAN
528 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

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: DAN ISAACS 04/29/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: EARL, ABBY
Address: 1829 HIGH COURT
City-St-Zip: TALLAHASSEE, FL 32304

Title: VP ( ) Delete
Name: EARL, MARNIE
Address: 1824 HIGH COURT
City-St-Zip: TALLAHASSEE, FL 32304

Title: T ( ) Delete
Name: RAE, CHRIS
Address: 1821 HIGH COURT
City-St-Zip: TALLAHASSEE, FL 32304

Title: D ( ) Delete
Name: EARL, SARA
Address: 3303 THOMASVILLE ROAD
City-St-Zip: TALLAHASSEE, FL

Title: D ( ) Delete
Name: ROGERS, BRYAN
Address: 1818 HIGH COURT
City-St-Zip: TALLAHASSEE, FL 32304

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:

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: ABBY EARL P 04/29/2009
Electronic Signature of Signing Officer or Director Date