

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90029 010 ****61.25

DOCUMENT # N44116

1. Entity Name

HIGH POINT HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

508 HIGH POINT DR
MOUNT DORA FL 32757

Mailing Address

508 HIGH POINT DR
MOUNT DORA FL 32757

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3095455

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANDERS, BARRET
670 SANDLAKE COURT
MOUNT DORA FL 32757

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

BARRETT SANDERS

Barrett Sanders

3/8/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	STARNES, WELDON	
STREET ADDRESS	501 HIGH POINT DR.	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	D	<input type="checkbox"/> Delete
NAME	COPPIN, JOHN	
STREET ADDRESS	621 HIGH POINT DRIVE	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HANSON, JAMES	
STREET ADDRESS	505 HIGH POINT DRIVE	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	THRASHER, ROBERT	
STREET ADDRESS	510 HIGH POINT DRIVE	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SANDERS, BARRETT	
STREET ADDRESS	670 SANDLAKE COURT	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	PP	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGER NOONAN	
STREET ADDRESS	520 Sandlake Court	
CITY-ST-ZIP	Mount Dora FL 32757	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Barrett Sanders, Sec.

3/8/04 352-735-6033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #