# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

2/2

**FILED**
**Apr 08, 2005 8:00 am**
**Secretary of State**
02-21-2005 90061 046 ****61.25

DOCUMENT # N44116

1. Entity Name
HIGH POINT HOMEOWNERS' ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 508 HIGH POINT DR<br>MOUNT DORA, FL 32757 | 508 HIGH POINT DR<br>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 |

66UU8986

02162005 Chg-NP CR2E037 (10/03)

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<br>670 SANDLAKE COURT<br>MOUNT DORA, FL 32757 | Name: CAPPS, WILLIAM<br>Street Address (P.O. Box Number is Not Acceptable): 500 HIGH POINT DRIVE<br>City: MOUNT DORA FL Zip Code: 32757 |

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: William Capps 4-1-05
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, 2005**

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>STARNES, WELDON<br>501 HIGH POINT DR.<br>MOUNT DORA, FL 32757 | ☐ Delete | PD<br>CAPPS, WILLIAM<br>500 HIGH POINT DRIVE<br>MOUNT DORA, FL 32757 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>COPPIN, JOHN<br>621 HIGH POINT DRIVE<br>MOUNT DORA, FL 32757 | ☒ Delete | VP<br>PRENTICE, JOHN<br>431 HIGH POINT DRIVE<br>MOUNT DORA, FL 32757 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>HANSON, JAMES<br>505 HIGH POINT DRIVE<br>MOUNT DORA, FL 32757 | ☐ Delete | SD<br>BOYER, CHARLES<br>540 SAND LAKE COURT<br>MOUNT DORA, FL 32757 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>NOONAN, ROGER<br>520 SANDLAKE COURT<br>MOUNT DORA, FL 32757 | ☒ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>SANDERS, BARRETT<br>670 SANDLAKE COURT<br>MOUNT DORA, FL 32757 | ☒ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

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:** JAMES W HANSON 3/10/05 352-735-2820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #