
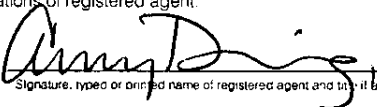
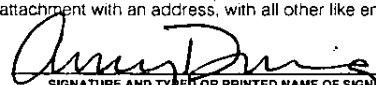


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2007 8:00 am
Secretary of State

07-30-2007 90063 002 ****61.25

| | | | |
|--|---|---|---|
| DOCUMENT # N93000005721 | |  | |
| 1. Entity Name HIGH POINT HOMEOWNERS ASSOCIATION OF TALLAHASSEE, INC. | | | |
| Principal Place of Business 2940 CROSS CREEK COURT TALLAHASSEE, FL 32301 | | Mailing Address 2940 CROSS CREEK COURT TALLAHASSEE, FL 32301 | |
| 2. Principal Place of Business - No P.O. Box # 2912 Cross Creek Ct. Suite, Apt. #, etc. | | 3. Mailing Address P.O. Box 1456 Suite, Apt. #, etc. | |
| City & State Tallahassee, FL Zip 32301 Country | | City & State Tallahassee, FL Zip 32302 Country | |
| 6. Name and Address of Current Registered Agent PARKER, CRAIG 2940 CROSS CREEK COURT TALLAHASSEE, FL 32301 | | 7. Name and Address of New Registered Agent Name Amy Dunning Street Address (P.O. Box Number is Not Acceptable) 2912 Cross Creek Ct. City Tallahassee FL Zip Code 32301 | |
| 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  Amy Dunning, President 7/26/07 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 September 14, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | PD PARKER, CRAIG 2940 CROSS CREEK COURT TALLAHASSEE, FL 32301 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Amy Dunning 2912 Cross Creek Ct. Tallahassee, FL 32301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T GEIST, LORAIN R 1739 RUBY RD TALLAHASSEE, FL 32303 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Jennifer Chester 2926 Cross Creek Ct. Tallahassee, FL 32301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SMALL, JUDITH A 2934 CROSS CREEK CT TALLAHASSEE, FL 32301 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V Justin Dunning 2912 Cross Creek Ct. Tallahassee, FL 32301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:  Amy Dunning | | Date 7/26/07 (336) 782-0124 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone # | |

40161000



05092007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3292895 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required