2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005721

FILED Apr 22, 2008 Secretary of State

Entity Name: HIGH POINT HOMEOWNERS ASSOCIATION OF TALLAHASSEE, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	SS CREEK CT SSEE, FL 3230 ²	ı		
Current Mailing Address:		New Mailing Address:		
P.O. BOX TALLAHA	1456 SSEE, FL 32302	2		
FEI Number	: 59-3292895	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
	i, AMY			
	SS CREEK CT SSEE, FL 32301	US		
TALLAHA: The above	SSEE, FL 3230 ⁻		purpose of changing its registere	ed office or registered agent, or both,
TALLAHA: The above in the State	SSEE, FL 3230 [,] e named entity su e of Florida. RE:	ıbmits this statement for the		d office or registered agent, or both,
TALLAHA: The above in the State	SSEE, FL 3230 [,] e named entity su e of Florida. RE:			od office or registered agent, or both, Date
TALLAHA: The above in the State SIGNATUI	SSEE, FL 3230 [,] e named entity su e of Florida. RE:	Ibmits this statement for the	ent	
TALLAHA: The above in the State SIGNATUI OFFICER: Title: Name: Address:	e named entity sue of Florida. RE: Electronic S AND DIRECT	abmits this statement for the Signature of Registered Agores: Delete	ent	Date
TALLAHA: The above in the State SIGNATUI	e named entity sue of Florida. RE: Electronic S AND DIRECT PD ()E DUNNING, AMY 2912 CRESS CR TALLAHASSEE, I	Delete Delete Delete Delete Delete Delete DELEK CT FL 32301 Delete DELEK CT DELETE DELETE	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

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: AMY DUNNING PD 04/22/2008