2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005721

FILED Jun 25, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

2912 CRESS CREEK CT 2912 CROSS CREEK CT TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301

Current Mailing Address: New Mailing Address:

P.O. BOX 1456 TALLAHASSEE, FL 32302

FEI Number: 59-3292895 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DUNNING, AMY DUNNING, AMY

2912 CRESS CREEK CT 2912 CROSS CREEK CT US TALLAHASSEE, FL 32301 US TALLAHASSEE, FL 32301

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: 06/25/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

DUNNING, AMY DUNNING, AMY Name: Name: Address: 2912 CRESS CREEK CT Address: 2912 CROSS CREEK CT City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: TALLAHASSEE, FL 32301

Title: () Delete Title: () Change () Addition

CHESTER, JENNIFER Name: Name: Address: 2926 CROSS CREEK CT Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

DUNNING, JUSTIN Name: DUNNING, JUSTIN Name: 2912 CRESS CREEK CT 2912 CROSS CREEK CT Address: Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: TALLAHASSEE, FL 32301

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 06/25/2009