

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90043 004 ****61.25

DOCUMENT # N97000001270					
1. Entity Name HIGH POINTE CLUB HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 1723 MINNEOLA, FL 34755 US			Mailing Address P.O. BOX 1723 MINNEOLA, FL 34755 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3434397	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TANNENBAUM, MIKE 819 CUMBERLAND CIRCLE CLERMONT, FL 34711				7. Name and Address of New Registered Agent Name: <u>DAVID ENGEL</u> Street Address (P.O. Box Number is Not Acceptable): <u>832 CUMBERLAND CIR</u> City: <u>MINNEOLA</u> FL Zip Code: <u>34715</u>	
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: <u>[Signature]</u> (PRESIDENT) 1/28/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <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 VPD NAME GRIFFITH, WILLIAM STREET ADDRESS P.O. BOX 1723 CITY-ST-ZIP MINNEOLA, FL 34755	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS 945 CUMBERLAND CIR CITY-ST-ZIP MINNEOLA, FL 34715		
TITLE PD NAME ENGEL, DAVID STREET ADDRESS P.O. BOX 1723 CITY-ST-ZIP MINNEOLA, FL 34755	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS 832 CUMBERLAND CIR CITY-ST-ZIP MINNEOLA, FL 34715		
TITLE D NAME STEWART, ELIZABETH STREET ADDRESS PO BOX 1723 CITY-ST-ZIP MINNEOLA, FL 34755	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS 950 CUMBERLAND CIR CITY-ST-ZIP MINNEOLA, FL 34715		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>DAVID ENGEL - PRESIDENT</u> 1/28/07 352-988-4833 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40007314



01182007 Chg-NP CR2E037 (12/06)