2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Feb 22, 2007 8:00 am Secretary of State 02-22-2007 90029 016 ****61.25

OCUMENT # N9800006774	4	
Entity Name		

	S LAKES	AT HIGH POIN ASSOCIATION, I		TWO							
PO BOX 780024 PO		PO B	ailing Address O BOX 780024 RLANDO, FL 32878-0024		60018385						
2. Principal Pl	lace of Busin	ness - No P.O. Box#	3. Mail	ing Address		 .					
Suite, Apt. #, etc. S			Su	Suite, Apt. #, etc.			01082007 _C	hg-NP	CR2E037 ((12/06)	
City & State			Cit	City & State			60.2640460				plied For t Applicable
Zip Country Z		Zip	p Country			5. Certificate of S		Fee	.75 Addi Required		
	6. Name	and Address of Curre	int Registere	d Agent	Name	•	7. Name and Add	ress of New Re	gistered Age	int	
PACK, GIL 632 CYPR ORLANDO	ESS TRE				Stree	t Address (P.O. Box Number is	Not Acceptable)		
					City	-				Zip Code	
8. The above	named entit	y submits this statemen	nt for the purp	ose of changing its r		ar register	red agent, or both, in	the State of Flo	FL I am fam		
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SIGNATURE .	2	d or printed flame of egistered as	ok.	viceble /NOTE	Registered Agent to	Mahue recuired	d whon remoteting)	2	- /0 - C	0.7	
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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.

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Pack
NO TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-281-0191 Daytime Phone #