2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N99000003378

Entity Name: HIGH POINTE ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

9072 COUNTRY MILL LANE
JACKSONVILLE, FL 32222

New Principal Place of Business:

Current Mailing Address:

9072 COUNTRY MILL LANE
JACKSONVILLE, FL 32222

New Mailing Address:

FEI Number: 59-3715803 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHEELER, TOMMY
9072 COUNTRY MILL LANE
JACKSONVILLE, FL 32222 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FRAMPTON, DOUG
Address: 9024 COUNTRY MILL LANE
City-St-Zip: JACKSONVILLE, FL 32222

Title: VP ( ) Delete
Name: CHELETTE, LUTHER
Address: 9056 COUNTRY MILL LANE
City-St-Zip: JACKSONVILLE, FL 32222

Title: S ( ) Delete
Name: WILMOTH, SARAH
Address: 9127 COUNTRY MILL LANE
City-St-Zip: JACKSONVILLE, FL 32222

Title: T ( ) Delete
Name: WHEELER, TOMMY
Address: 9072 COUNTRY MILL LANE
City-St-Zip: JACKSONVILLE, FL 32222

Title: D ( ) Delete
Name: GIVENS, KEITH
Address: 9127 COUNTRY MILL LANE
City-St-Zip: JACKSONVILLE, FL 32222

Title: D ( ) Delete
Name: COONER, JAMES
Address: 9103 COUNTRY MILL LANE
City-St-Zip: JACKSONVILLE, FL 32222

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: TAMARES, JAMIE
Address: 9041 COUNTRY MILL LANE
City-St-Zip: JACKSONVILLE, FL 32222

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: TOMMY WHEELER T 04/27/2009

Electronic Signature of Signing Officer or Director — Date