



**State of California  
Secretary of State**

**N**

**Statement of Information**

**(Domestic Nonprofit, Credit Union and Consumer Cooperative Corporations)**

**Filing Fee: \$20.00. If this is an amendment, see instructions.  
IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM**

**F754911**

**FILED**

**In the office of the Secretary of State  
of the State of California**

**AUG-05 2015**

This Space for Filing Use Only

**1. CORPORATE NAME**

FRIENDS OF THE HIGH LAKES

**2. CALIFORNIA CORPORATE NUMBER**

C3051434

**Complete Principal Office Address** (Do not abbreviate the name of the city. Item 3 cannot be a P.O. Box.)

|   |      |       |          |
|---|------|-------|----------|
| 3. STREET ADDRESS OF PRINCIPAL OFFICE IN CALIFORNIA, IF ANY | CITY | STATE | ZIP CODE |
|---|------|-------|----------|

|                                       |      |       |          |
|---------------------------------------|------|-------|----------|
| 4. MAILING ADDRESS OF THE CORPORATION | CITY | STATE | ZIP CODE |
|---------------------------------------|------|-------|----------|

TRACI J. BRENNEMAN P.O. BOX 2837, PARADISE, CA 95967

**Names and Complete Addresses of the Following Officers** (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

|                             |         |      |       |          |
|-----------------------------|---------|------|-------|----------|
| 5. CHIEF EXECUTIVE OFFICER/ | ADDRESS | CITY | STATE | ZIP CODE |
|-----------------------------|---------|------|-------|----------|

LOUIS E JOHNSON P.O. BOX 2837, PARADISE, CA 95967

|              |         |      |       |          |
|--------------|---------|------|-------|----------|
| 6. SECRETARY | ADDRESS | CITY | STATE | ZIP CODE |
|--------------|---------|------|-------|----------|

TRACI J BRENNEMAN P.O. BOX 2837, PARADISE, CA 95967

|                             |         |      |       |          |
|-----------------------------|---------|------|-------|----------|
| 7. CHIEF FINANCIAL OFFICER/ | ADDRESS | CITY | STATE | ZIP CODE |
|-----------------------------|---------|------|-------|----------|

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**Agent for Service of Process** If the agent is an individual, the agent must reside in California and Item 9 must be completed with a California street address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 9 must be left blank.

8. NAME OF AGENT FOR SERVICE OF PROCESS [Note: The person designated as the corporation's agent MUST have agreed to act in that capacity prior to the designation.]

TRACI J BRENNEMAN

|   |      |       |          |
|---|------|-------|----------|
| 9. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL | CITY | STATE | ZIP CODE |
|---|------|-------|----------|

1679 BILLE ROAD, PARADISE, CA 95969

**Common Interest Developments**

10.  Check here if the corporation is an association formed to manage a common interest development under the Davis-Stirling Common Interest Development Act, (California Civil Code section 4000, et seq.) or under the Commercial and Industrial Common Interest Development Act, (California Civil Code section 6500, et seq.). The corporation must file a Statement by Common Interest Development Association (Form SI-CID) as required by California Civil Code sections 5405(a) and 6760(a). Please see instructions on the reverse side of this form.

11. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

08/05/2015

TRACI J BRENNEMAN

SECRETARY

DATE

TYPE/PRINT NAME OF PERSON COMPLETING FORM

TITLE

SIGNATURE