

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90091 003 ****61.25

DOCUMENT # 718719

1. Entity Name

HIGH POINT COURT ASSOCIATION, INC.

Principal Place of Business

211 HIGH POINT BOULEVARD
 BOYNTON BEACH FL 33435

Mailing Address

211 HIGH POINT BOULEVARD
 BOYNTON BEACH FL 33435

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1409822

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, DORIS A
330-C HIGH POINT COURT
BOYNTON BEACH FL 33435

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DVP** Delete
 NAME **GUISTO, CHARLES**
 STREET ADDRESS **265-B HIGH POINT CT**
 CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE **DVP** Change Addition
 NAME **ELIZABETH BRUCE**
 STREET ADDRESS **275-A High Point Court**
 CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE **DST** Delete
 NAME **SMITH, DORIS A**
 STREET ADDRESS **330 C HIGH POINT CT**
 CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DP** Delete
 NAME **DESANDO, ANTHONY**
 STREET ADDRESS **340 D HIGH CT.**
 CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DVP** Delete
 NAME **GIUSTO, ALBERT L**
 STREET ADDRESS **275-C HIGH POINT CT.**
 CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DVP** Delete
 NAME **TAYLOR, WILLIAM**
 STREET ADDRESS **260-C HIGH POINT CT.**
 CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DVP** Delete
 NAME **BARRY, JAMES**
 STREET ADDRESS **360-D HIGH POINT CT.**
 CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Signature of Secretary/Treasurer 4/7/01 561 130848
 SECRETARY-TREASURER
 DATE DAYTIME PHONE #

CR2E037 (10/00)