

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90025 046 \*\*\*\*61.25

0035468

**DOCUMENT # 718719**

1. Entity Name

**HIGH POINT COURT ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

211 HIGH POINT BOULEVARD  
 BOYNTON BEACH FL 33435

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

Zip

Country

Zip

Country

4. FEI Number

**59-1409822**

Applied For

Not Applicable

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 **JOHN P. NESBITT**

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

**330-B HIGH POINT COURT**

City **BOYNTON BEACH**

FL

Zip Code **33435**

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

*John P. Nesbitt* **JOHN P. NESBITT SECRETARY**

**2-21-02**

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 **GIUSTO, CHARLES**  
 STREET ADDRESS **265-B HIGH POINT CT**  
 CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE **DT**  Change  Addition  
 NAME **ANTHONY DESANDO**  
 STREET ADDRESS **340-D HIGH POINT CT**  
 CITY-ST-ZIP **BOYNTON Bch FL 33435**

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

TITLE **DS**  Change  Addition  
 NAME **JOHN NESBITT**  
 STREET ADDRESS **330-B HIGH POINT CT.**  
 CITY-ST-ZIP **BOYNTON Bch FL 33435**

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

TITLE **DP**  Change  Addition  
 NAME **LINDA BELDING**  
 STREET ADDRESS **250A HIGH POINT CT**  
 CITY-ST-ZIP **BOYNTON Bch FL**

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

TITLE **DVP**  Change  Addition  
 NAME **PETER STEFFEN**  
 STREET ADDRESS **270-A HIGH POINT CT**  
 CITY-ST-ZIP **BOYNTON Bch FL 33435**

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

TITLE **DVP**  Change  Addition  
 NAME **CHARLES MINUTOLI**  
 STREET ADDRESS **360-B HIGH POINT CT**  
 CITY-ST-ZIP **BOYNTON Bch FL 33435**

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:

*John P. Nesbitt* **JOHN P. NESBITT** **2-21-02** **561-737-4251**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)