FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JAN 23 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **723291** **(1)**

1. Corporation Name

HIGH POINT OF DELRAY CONDOMINIUM ASSOC. SEC. 4, INC.

Principal Place of Business	Mailing Address
824 CLUB DR. DELRAY BCH FL 33445	824 CLUB DR. DELRAY BCH FL 33445

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/28/1972
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-1542004 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

FILIPPI, GERALD
1010 A CIRCLE TERR EAST
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	☐ Change ☒ Addition
NAME	RICCIARDELLI, BETTY	1.2 NAME	D
STREET ADDRESS	1025 A SOUTH DRIVE	1.3 STREET ADDRESS	JENSEN, LEE
CITY-ST-ZIP	DELRAY BCH, FL 00000	1.4 CITY-ST-ZIP	1052-C NORTH DRIVE DELRAY BEACH, FL 33445
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	LILLENSTEIN, BERNARD	2.2 NAME	
STREET ADDRESS	880 A HIGH PT BLVD N.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	FILLIPPI, GERALD	3.2 NAME	
STREET ADDRESS	1010 A CIRCLE TERR E	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	COLLA, RICHARD	4.2 NAME	
STREET ADDRESS	1060 A NORTH DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	RATTET, IRVING	5.2 NAME	
STREET ADDRESS	867A NORTH DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH, FL 00000	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	☐ Change ☐ Addition
NAME	GOODMAN, ARTHUR	6.2 NAME	
STREET ADDRESS	875 A NORTH DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bernard Lillenstein (BERNARD LILLENSTEIN) P 1/14/95 407-272-5812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0030434