

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **723291** (1)  
1. Corporation Name  
**HIGH POINT OF DELRAY CONDOMINIUM ASSOC. SEC. 4, INC.**



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

3. Date Incorporated or Qualified: **04/28/1972**  
3a. Date of Last Report: **01/23/1995**  
4. FEI Number: **59-1542004**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-30)  
22. Suite, Apt. #, etc.  
23. City & State  
24. Zip, Country

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JENSEN, LEE</b>	1.2 NAME	<b>RICCIARDELLI, BETTY</b>
STREET ADDRESS	<b>1052C NORTH DR</b>	1.3 STREET ADDRESS	<b>1025-A SOUTH DRIVE</b>
CITY-ST-ZIP	<b>DELRAY BCH, FL 00000</b>	1.4 CITY-ST-ZIP	<b>DELRAY BEACH FL 33445</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LILLENSTEIN, BERNARD</b>	2.2 NAME	<b>DIPINO, MILDRED</b>
STREET ADDRESS	<b>880 A HIGH PT BLVD N.</b>	2.3 STREET ADDRESS	<b>885-D NORTH DRIVE</b>
CITY-ST-ZIP	<b>DELRAY BCH, FL 00000</b>	2.4 CITY-ST-ZIP	<b>DELRAY BEACH FL 33445</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>TD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FILLIPPI, GERALD</b>	3.2 NAME	<b>SHAPIRO, IRVING</b>
STREET ADDRESS	<b>1010 A CIRCLE TERR E</b>	3.3 STREET ADDRESS	<b>882-D HIGH POINT BLVD N.</b>
CITY-ST-ZIP	<b>DELRAY BCH, FL 00000</b>	3.4 CITY-ST-ZIP	<b>DELRAY BEACH FL 33445</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLLA, RICHARD</b>	4.2 NAME	
STREET ADDRESS	<b>1060 A NORTH DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BCH, FL 00000</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RATTET, IRVING</b>	5.2 NAME	
STREET ADDRESS	<b>867A NORTH DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BCH, FL 00000</b>	5.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOODMAN, ARTHUR</b>	6.2 NAME	
STREET ADDRESS	<b>875 A NORTH DRIVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BCH FL</b>	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)(k), 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 Lilienstein P.D. 1/18/96 407-272-5822  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **BERNARD LILLENSTEIN** Date: Daytime Phone #

CR2E037 (12/95)