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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
824 CLUB DR. DELRAY BCH FL 33445 824 CLUB DR. DELRAY BCH FL 33445-3118

3. Date Incorporated or Qualified 04/28/1972 3a. Date of Last Report 01/29/1996

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip Country	4. FEI Number 59-1542004 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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
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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 D NAME JENSEN, LEE STREET ADDRESS 1052C NORTH DR CITY-ST-ZIP DELRAY BCH, FL 00000	<input type="checkbox"/> DELETE	1.1 TITLE TD 1.2 NAME SHAPIRO, IRVING 1.3 STREET ADDRESS 882-D HIGH PT BLVD N 1.4 CITY-ST-ZIP DELRAY BEACH, FL 33445	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PD NAME LILLENSTEIN, BERNARD STREET ADDRESS 880 A HIGH PT BLVD N. CITY-ST-ZIP DELRAY BCH, FL 00000	<input type="checkbox"/> DELETE	2.1 TITLE D 2.2 NAME BILLINGS, MARDIE 2.3 STREET ADDRESS 1035-C SOUTH DRIVE 2.4 CITY-ST-ZIP DELRAY BEACH FL 33445	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD NAME FILLIPPI, GERALD STREET ADDRESS 1010 A CIRCLE TERR E CITY-ST-ZIP DELRAY BCH, FL 00000	<input type="checkbox"/> DELETE	3.1 TITLE D 3.2 NAME KERRIGAN, BOB 3.3 STREET ADDRESS 1042-D NORTH DRIVE 3.4 CITY-ST-ZIP DELRAY BEACH, FL 33445	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME COLLA, RICHARD STREET ADDRESS 1060 A NORTH DRIVE CITY-ST-ZIP DELRAY BCH, FL 00000	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME RATTET, IRVING STREET ADDRESS 867A NORTH DRIVE CITY-ST-ZIP DELRAY BCH, FL 00000	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME RICCIARDELLI, BETTY STREET ADDRESS 1025-A SOUTH DRIVE CITY-ST-ZIP DELRAY BEACH FL	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 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* BERNARD LILLENSTEIN 1/6/97 561-272-5022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0043187

CPRE037 (9/96)