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Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/28/1972
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1542004
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip	25 Country	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
29 Zip	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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	<i>Gerald A. Filippi</i>
82 Street Address (P.O. Box Number Is Not Acceptable)	<i>1010 A - Circle Terr E.</i>
83	
84 City	<i>DeLray Bch FL</i>
85 Zip Code	<i>33445</i>

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JENSEN, LEE	1.2 NAME	<i>IRVING SHAPIRO, IRVING</i>
STREET ADDRESS	1052C NORTH DR	1.3 STREET ADDRESS	<i>587 D HIGH POINT BLVD NO</i>
CITY-ST-ZIP	DELRAY BCH, FL 00000	1.4 CITY-ST-ZIP	<i>DeLray Beach, FL 33445</i>
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LILLENSTEIN, BERNARD	2.2 NAME	<i>Billings, MARJORIE</i>
STREET ADDRESS	880 A HIGH PT BLVD N.	2.3 STREET ADDRESS	<i>1035 - C, South Drive</i>
CITY-ST-ZIP	DELRAY BCH, FL 00000	2.4 CITY-ST-ZIP	<i>DeLray Beach FL 33445</i>
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FILIPPI, GERALD	3.2 NAME	<i>Vice - Pres.</i>
STREET ADDRESS	1010 A CIRCLE TERR E	3.3 STREET ADDRESS	<i>Gerald A. Filippi</i>
CITY-ST-ZIP	DELRAY BCH, FL 00000	3.4 CITY-ST-ZIP	<i>1010 A - Circle Terr. E.</i>
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RATTET, IRVING	5.2 NAME	<i>Director</i>
STREET ADDRESS	867A NORTH DRIVE	5.3 STREET ADDRESS	<i>Irving H. Rattet</i>
CITY-ST-ZIP	DELRAY BCH, FL 00000	5.4 CITY-ST-ZIP	<i>867-A North Dr.</i>
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICCIARDELLI, BETTY	6.2 NAME	
STREET ADDRESS	1025-A SOUTH DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	6.4 CITY-ST-ZIP	

14. 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 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:

SIGNATURE REQUIRED

IRVING SHAPIRO, IRVING (561) 278-6917

CR2E037 (10/97)