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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

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

3. Date Incorporated or Qualified
04/28/1972

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. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 25 Country 29 Zip 30 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 Name *Gerald A. Filippi*

82 Street Address (P.O. Box Number Is Not Acceptable) *1010 A - Cir Terr E.*

83

84 City *Delray Bch* FL 85 Zip Code *33445*

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>837 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 - Cir 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: *IRVING SHAPIRO* (561) 278-6917

CR2E037 (10/97)