

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

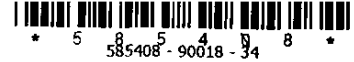
FILED
 Jul 09, 1999 8:00 am
 Secretary of State

07-09-1999 90018 034 ****61.25

DOCUMENT # 723291 ✓

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/28/1972

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-1542004

Applied For
 Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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
NAME	JENSEN, LEE	
STREET ADDRESS	1052C NORTH DR	
CITY-ST-ZIP	DELRAY BCH, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LILLENSTEIN, BERNARD	
STREET ADDRESS	880 A HIGH PT BLVD N.	
CITY-ST-ZIP	DELRAY BCH, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FILIPPI, GERALD	
STREET ADDRESS	1010 A CIRCLE TERR E	
CITY-ST-ZIP	DELRAY BCH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLLA, RICHARD	
STREET ADDRESS	1060 A NORTH DRIVE	
CITY-ST-ZIP	DELRAY BCH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RATTET, IRVING	
STREET ADDRESS	867A NORTH DRIVE	
CITY-ST-ZIP	DELRAY BCH, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RICCIARDELLI, BETTY	
STREET ADDRESS	1025-A SOUTH DRIVE	
CITY-ST-ZIP	DELRAY BEACH FL	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	IRVING SHAPIRO
1.3 STREET ADDRESS	882-D HIGH PT BLVD N
1.4 CITY-ST-ZIP	DELRAY BCH FL 33445
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KERRIGAN, BOB
2.3 STREET ADDRESS	1047-D NORTH DRIVE
2.4 CITY-ST-ZIP	DELRAY BCH FL 33445
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BILLINGS, MARJORIE
3.3 STREET ADDRESS	1035-C SOUTH DRIVE
3.4 CITY-ST-ZIP	DELRAY BCH FL 33445
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE:

B. Ricciardevelli

7/1/99

561-272-5822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)

0006506