

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

DOCUMENT # **723291** ✓

1. Corporation Name

**HIGH POINT OF DELRAY CONDOMINIUM ASSOC. SEC. 4,
INC.**

Principal Place of Business

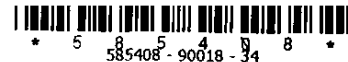
824 CLUB DR.
DELRAY BCH FL 33445

Mailing Address

824 CLUB DR.
DELRAY BCH FL 33445

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

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



2. Principal Place of Business

1 Suite, Apt. #, etc.

2 City & State

3 Zip Country

4 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

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

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

TITLE D ☐ DELETE

JENSEN, LEE
1052C NORTH DR
DELRAY BCH, FL 00000

TITLE PD ☐ DELETE

LILLENSTEIN, BERNARD
880 A HIGH PT BLVD N.
DELRAY BCH, FL 00000

TITLE VD ☐ DELETE

FILIPPI, GERALD
1010 A CIRCLE TERR E
DELRAY BCH, FL 00000

TITLE D ☐ DELETE

COLLA, RICHARD
1060 A NORTH DRIVE
DELRAY BCH, FL 00000

TITLE D ☐ DELETE

RATTET, IRVING
867A NORTH DRIVE
DELRAY BCH, FL 00000

TITLE SD ☐ DELETE

RICCIARDELLI, BETTY
1025-A SOUTH DRIVE
DELRAY BEACH FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

IRVING SHAPIRO
882-D HIGH PT BLVD N
DELRAY BCH FL 33445

2.1 TITLE ☐ Change ☒ Addition

KERRIGAN, BOB
1042-D NORTH DRIVE
DELRAY BCH FL 33445

3.1 TITLE ☐ Change ☒ Addition

BILLINGS, MARJORIE
1035-C SOUTH DRIVE
DELRAY BCH FL 33445

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Robert R. Ricciardi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/99

561-272-5822
Date Daytime Phone #

CR2E037 (5/99)