

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2000 8:00 am
Secretary of State

07-12-2000 90146 022 ****61.25

DOCUMENT # 723291

1. Entity Name

HIGH POINT OF DELRAY CONDOMINIUM ASSOC. SEC. 4,

12

Principal Place of Business

Mailing Address

824 CLUB DR.
 DELRAY BCH FL 33445

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 DELRAY BCH FL 33445

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1542004

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **D** Delete
 NAME: **JENSEN, LEE**
 STREET ADDRESS: **1052C NORTH DR**
 CITY-ST-ZIP: **DELRAY BEACH FL**

TITLE: **TREASURER** Change Addition
 NAME: **IRVING SHAPIRO**
 STREET ADDRESS: **882-D HIGH PT. BLVD N.**
 CITY-ST-ZIP: **DELRAY BEACH, FL 33445**

TITLE: **PD** Delete
 NAME: **LILLENSTEIN, BERNARD**
 STREET ADDRESS: **880 A HIGH PT BLVD N.**
 CITY-ST-ZIP: **DELRAY BEACH FL**

TITLE: **DIRECTOR** Change Addition
 NAME: **BOB KERRIGAN**
 STREET ADDRESS: **1042-D NORTH DRIVE**
 CITY-ST-ZIP: **DELRAY BEACH FL 33445**

TITLE: **VD** Delete
 NAME: **FILIPPI, GERALD**
 STREET ADDRESS: **1010 A CIRCLE TERR E**
 CITY-ST-ZIP: **DELRAY BEACH FL**

TITLE: **DIRECTOR** Change Addition
 NAME: **LORRAINE KADET**
 STREET ADDRESS: **1020-C CIRCLE TERR. E.**
 CITY-ST-ZIP: **DELRAY BEACH, FL 33445**

TITLE: **D** Delete
 NAME: **COLLA, RICHARD**
 STREET ADDRESS: **1060 A NORTH DRIVE**
 CITY-ST-ZIP: **DELRAY BEACH FL**

TITLE: **DIRECTOR** Change Addition
 NAME: **KENNETH WILLIAMS**
 STREET ADDRESS: **850-A HIGH PT BLVD N**
 CITY-ST-ZIP: **DELRAY BEACH FL 33445**

TITLE: **D** Delete
 NAME: **RATTET, IRVING**
 STREET ADDRESS: **867A NORTH DRIVE**
 CITY-ST-ZIP: **DELRAY BEACH FL**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **SD** Delete
 NAME: **RICCIARDELLI, BETTY**
 STREET ADDRESS: **1025-A SOUTH DRIVE**
 CITY-ST-ZIP: **DELRAY BEACH FL**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

12. 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 report or supplemental 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 687, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bernard Lilienstein, Pres.

7/7/00

561-272-5822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)