2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
04-11-2001 90044 034 ****70.00

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DOCUMENT # 723291

1. Entity Name

HIGH POINT OF DELRAY CONDOMINIUM ASSOC. SEC. 4,

Principal Place of Business	Mailing Address
824 CLUB DR. DELRAY BCH FL 33445	824 CLUB DR. DELRAY BCH FL 33445

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1542004 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: Abe Charrick
Street Address (P.O. Box Number is Not Acceptable): 1057 A Circle Ter E
City: Delray Beach FL Zip Code: 33445

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: Pres. Abe Charrick Abe Charrick DATE: 4/9/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D JENSEN, LEE 1052C NORTH DR DELRAY BEACH FL	☒ Delete	PD ABE CHARRICK 1057 A CIRCLE TERRACE EAST DELRAY BEACH FL 33445	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LILLENSTEIN, BERNARD 880 A HIGH PT BLVD N. DELRAY BEACH FL	☒ Delete	TD CAROL GIOTOPOULOS 1045 A CIRCLE TERRACE EAST DELRAY BEACH FL 33445	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FILLIPPI, GERALD 1010 A CIRCLE TERR E DELRAY BEACH FL	☒ Delete	VD MARY JOSITA REDING 1052 D NORTH DRIVE DELRAY BEACH FL 33445	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLLA, RICHARD 1060 A NORTH DRIVE DELRAY BEACH FL	☒ Delete	SD MARION FITZSIMMONS 957 B CIRCLE DRIVE DELRAY BEACH FL 33445	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RATTET, IRVING 867A NORTH DRIVE DELRAY BEACH FL	☒ Delete	D CHESTER WOLANIN 1010A CIRCLE TERRACE EAST DELRAY BEACH FL 33445	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RICCIARDELLI, BETTY 1025-A SOUTH DRIVE DELRAY BEACH FL	☒ Delete	D BOB KERRIGAN 1042 D NORTH DRIVE DELRAY BEACH FL 33445	☒ Change ☐ Addition

CR2E037 (10/00)

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 617, 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: SIGNATURE REQUIRED ABE CHARRICK Pres. 4/9/01 561-278-1062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #