

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90050 044 ****61.25

DOCUMENT # 723291

1. Entity Name

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

Principal Place of Business

Mailing Address

**824 CLUB DR.
 DELRAY BCH FL 33445**

**824 CLUB DR.
 DELRAY-BCH FL 33445**

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHARRICK, ABE
1557 N CIRCLE TER E - 1057 A circle Ter E
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]*

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

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 **PD** Delete
 NAME **CHARRICK, ABE**
 STREET ADDRESS **1057 A CIRCLE TERRACE EAST**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **Treasurer** Change Addition
 NAME **Manfred Baumer**
 STREET ADDRESS **1020 B circle Ter E**
 CITY-ST-ZIP **Delray Beach FL 33445**

TITLE **TD** Delete
 NAME **GIOTOPOULUS, CAROL**
 STREET ADDRESS **1045 A CIRCLE TERRACE EAST**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **VP** Change Addition
 NAME **James Burne**
 STREET ADDRESS **1010 C CIRCLE TER E**
 CITY-ST-ZIP **Delray Beach FL 33445**

TITLE **VD - director** Delete
 NAME **REDING, MARY JOSITA**
 STREET ADDRESS **1052 A CIRCLE TERRACE EAST 1052 d**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **SECRETARY** Change Addition
 NAME **Margaret BASSO**
 STREET ADDRESS **1042 C NORTH DR**
 CITY-ST-ZIP **Delray Beach, FL 33445**

TITLE **SD** Delete
 NAME **FITZSIMMONS, MARION**
 STREET ADDRESS **957 B CIRCLE DRIVE**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **director** Change Addition
 NAME **JOE BUCCELLATO**
 STREET ADDRESS **1032C NORTH drive**
 CITY-ST-ZIP **delray beach FL 33445**

TITLE **D ASSIST TREASURER** Delete
 NAME **WOLANIN, CHESTER**
 STREET ADDRESS **1010 A CIRCLE TERRACE EAST**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **director** Change Addition
 NAME **William Grimm**
 STREET ADDRESS **1057 d circle Ter E**
 CITY-ST-ZIP **delray beach FL 33445**

TITLE **D** Delete
 NAME **KERRIGAN, BOB**
 STREET ADDRESS **1042 D NORTH DRIVE**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **director** Change Addition
 NAME **Stanley TOMASIK**
 STREET ADDRESS **1067 d circle drive**
 CITY-ST-ZIP **Delray Beach FL 33445**

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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/8/02**

Daytime Phone # **561-278-1062**

CR2E037 (9/01)