2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90100 049 ****61.25

DOCUMENT # 723291

1. Entity 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

07052004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
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

CHARRICK, ABE
1057 A CIRLCE TER E
DELRAY BEACH, FL 33445

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee Is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	☑ Delete
NAME	SHAWKS, SHARON	
STREET ADDRESS	1035 A SOUTH DR	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE	VP	☐ Delete
NAME	GRIMM, WILLIAM	
STREET ADDRESS	1057 D CIRCLE TER E	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE	S	☐ Delete
NAME	FIRZSIMMONS, MARION	
STREET ADDRESS	957 B CIR DR	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE	D	☐ Delete
NAME	BUCCELARO, JOE	
STREET ADDRESS	1032 N DR	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE	D	☑ Delete
NAME	KERRIGAN, BOB	
STREET ADDRESS	1042 D NORTH DR	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE	D	☑ Delete
NAME	BALSLEY, DALE	
STREET ADDRESS	1017 C SOUTH DR	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	☐ Change ☑ Addition
NAME	Stanley Tomasik	
STREET ADDRESS	1065d Circle drive	
CITY-ST-ZIP	Delray Beach Fl 33445	
TITLE	d	☑ Change ☐ Addition
NAME	William Grimm	
STREET ADDRESS	1057d Circle Ter E	
CITY-ST-ZIP	Delray Beach Fl 33445	
TITLE	d	☑ Change ☐ Addition
NAME	Marion Fitzsimmons	
STREET ADDRESS	957b Circle drive	
CITY-ST-ZIP	Delray Beach FL 33445	
TITLE	d	☑ Change ☐ Addition
NAME	Joseph Buccellato	
STREET ADDRESS	1032 North dr	
CITY-ST-ZIP	Delray Beach, FL 33445	
TITLE	S/T	☐ Change ☑ Addition
NAME	Abe Charrick	
STREET ADDRESS	1057 A Circle Terrace East	
CITY-ST-ZIP	Delray Beach FL 33445	
TITLE	P	☐ Change ☑ Addition
NAME	Herman Schmidt	
STREET ADDRESS	852C High Point Blvd N	
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: Abe Charrick — 7/6/04 — 561.278.1062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

over