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	Mailing Address
824 CLUB DR. DELRAY BCH, FL 33445	824 CLUB DR. DELRAY BCH, FL 33445

07052004 Chg-NP CR2E037 (10/03)

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	7. Name and Address of New Registered Agent
CHARRICK, ABE 1057 A CIRLCE 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. I am familiar with, and accept the obligations of registered agent.

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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SHAWKS, SHARON 1035 A SOUTH DR DELRAY BEACH, FL 33445	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Stanley Tomasik 1065 d Circle drive Delray Beach Fl 33445	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GRIMM, WILLIAM 1057 D CIRCLE TER E DELRAY BEACH, FL 33445	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	d William Grimm 1057 d Circle Ter E delray Beach Fl 33445	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FIRZSIMMONS, MARION 957 B CIR DR DELRAY BEACH, FL 33445	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	d marion Fitzsimmons 957 b Circle drive Delray Beach FL 33445	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUCCELARO, JOE 1032 N DR DELRAY BEACH, FL 33445	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	d Joseph Buccellato 1032 North dr Delray Beach, FL 33445	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KERRIGAN, BOB 1042 D NORTH DR DELRAY BEACH, FL 33445	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T Abe charrick 1057 A Circle Terrace East Delray Beach FL 33445	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BALSLEY, DALE 1017 C SOUTH DR DELRAY BEACH, FL 33445	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Herman Schmidt 852 C High Point Blvd N Delray Beach FL 33445	☐ Change ☑ Addition

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 #

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