

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90074 027 ****61.25

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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

20006875



1st MOORE CR2E037 (10/04)

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 CIRCLE TER E
DELRAY BEACH FL 33445

Name MARION FITZSIMMONS

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

967 B Circle Dr

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. 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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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 NAME STREET ADDRESS CITY-ST-ZIP	VP TOMASKI, STANLEY 1065D CIRCLE DRIVE DELRAY BEACH FL 33445	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIMM, WILLIAM 1057 D CIRCLE TER E DELRAY BEACH FL 33445	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIRZSIMMONS, MARION 957 B CIR DR DELRAY BEACH FL 33445	☐ Delete
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	ST CHARRICK, ABE 1057 A CIRCLE TERRACE EAST DELRAY BEACH FL 33445	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHMIDT, HERMAN 852C HIGH BLVD N DELRAY BEACH FL 33445	☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Richard Tenney - VP 1012A Circle Terrace East Delray Bch, FL 33445	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANNA COO TREASURER 867 B North Dr Delray Bch, FL 33445	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ranney GILBERT, Secy 1042 B North Dr Delray Bch, FL 33445	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carol Giopoulou, Asst Treas 1010A Circle Terrace East Delray Bch, FL 33445	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jack Fudge Director 877 C North Dr Delray Bch, FL 33445	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chet Wolanin - Director 1010A Circle Terrace East Delray Bch, 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:

Marion Fitzsimmons President

1-21-05 561-278-1062

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #