

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90114 039 \*\*\*\*70.00

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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

FITZSIMMONS, MARION  
957 B CIRCLE DR  
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name: RICHARD W. TENNEY (P)  
Street Address (P.O. Box Number is Not Acceptable):  
1012A HIGH CIRCLE TERRACE EAST  
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

*Richard W. Tenney*

RICHARD W. TENNEY

1/27/2006

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
Due By May 1, 2006

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          | PARS.                     | <input type="checkbox"/> Delete            |
| NAME           | TENNEY, RICHARD           |                                            |
| STREET ADDRESS | 1012A CIRCLE TERRACE EAST |                                            |
| CITY-ST-ZIP    | DELRAY BEACH FL 33445     |                                            |
| TITLE          | T                         | <input type="checkbox"/> Delete            |
| NAME           | COCO, ANNA                |                                            |
| STREET ADDRESS | 867 B NORTH DR            |                                            |
| CITY-ST-ZIP    | DELRAY BEACH FL 33445     |                                            |
| TITLE          | D                         | <input checked="" type="checkbox"/> Delete |
| NAME           | FITZSIMMONS, MARION       |                                            |
| STREET ADDRESS | 957 B CIR-DR              |                                            |
| CITY-ST-ZIP    | DELRAY BEACH FL 33445     |                                            |
| TITLE          | D                         | <input checked="" type="checkbox"/> Delete |
| NAME           | BUCCELARO, JOE            |                                            |
| STREET ADDRESS | 1032 N DR                 |                                            |
| CITY-ST-ZIP    | DELRAY BEACH FL 33445     |                                            |
| TITLE          | S                         | <input type="checkbox"/> Delete            |
| NAME           | FUDGE, JACK               |                                            |
| STREET ADDRESS | 877 C NORTH DRIVE         |                                            |
| CITY-ST-ZIP    | DELRAY BEACH FL 33445     |                                            |
| TITLE          | D                         | <input checked="" type="checkbox"/> Delete |
| NAME           | WOLARIN, CHET             |                                            |
| STREET ADDRESS | 1010A CIRCLE TERRACE EAST |                                            |
| CITY-ST-ZIP    | DELRAY BEACH FL 33445     |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                |                                                                                         |
|----------------|--------------------------------|-----------------------------------------------------------------------------------------|
| TITLE          | Director                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME           | KEVIN BURKE                    |                                                                                         |
| STREET ADDRESS | 850 B High Point Blvd North    |                                                                                         |
| CITY-ST-ZIP    | DELRAY BEACH FL 33445          |                                                                                         |
| TITLE          | Director                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME           | BARBARA HUBERT                 |                                                                                         |
| STREET ADDRESS | 845 D NORTH DRIVE              |                                                                                         |
| CITY-ST-ZIP    | DELRAY BEACH FL 33445          |                                                                                         |
| TITLE          | Trust Fund Officer             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME           | 900 A No Drive                 |                                                                                         |
| STREET ADDRESS | DELRAY BEACH FL 33445          |                                                                                         |
| TITLE          | Director                       | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | RICHARD GAUTIER                |                                                                                         |
| STREET ADDRESS | 1015 D South Dr                |                                                                                         |
| CITY-ST-ZIP    | DELRAY BEACH FL 33445          |                                                                                         |
| TITLE          | Asst. Sec.                     | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | ROBERT DOOSKI                  |                                                                                         |
| STREET ADDRESS | 1015 A South Dr                |                                                                                         |
| CITY-ST-ZIP    | DELRAY BEACH FL 33445          |                                                                                         |
| TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME           | WE DO NOT HAVE A PARS IN PLACE |                                                                                         |
| STREET ADDRESS | WE DO NOT HAVE A RESIGNATION   |                                                                                         |
| CITY-ST-ZIP    |                                |                                                                                         |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Richard W. Tenney* RICHARD W. TENNEY 2/22/2006 561 278 1022 561 (2) 265 2785