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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **728961** (4)

1. Corporation Name

HIGH POINT OF FORT PIERCE CONDOMINIUM ASSOCIATION SECTION 1, INC.

Principal Place of Business

Mailing Address

**204 MANATEE LANE
FT PIERCE FL 34982-6779**

**204 MANATEE LANE
FT PIERCE FL 34982-6779**

3. Date Incorporated or Qualified

02/25/1974

4. FEI Number

59-1667970

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARLOWE DON
910B SAVANNAS PT DR
FT PIERCE FL 34982**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **TARK, STANLEY**
STREET ADDRESS **311 COLONY LANE**
CITY-ST-ZIP **FT PIERCE, FL 00000**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **PD** ☐ DELETE
NAME **BARLOWE, DON**
STREET ADDRESS **910B SAVANNAS PT DR.**
CITY-ST-ZIP **FT PIERCE, FL 00000**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **MARSH, ALICE**
STREET ADDRESS **422D SANDPIPER**
CITY-ST-ZIP **FT PIERCE, FL 00000**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **SECTY**
3.3 STREET ADDRESS **JOAN SELLS**
3.4 CITY-ST-ZIP **109A LAKES END DRIVE
FT PIERCE FL 34982**

TITLE **VPP** ☐ DELETE
NAME **VRABEL, MICHAEL**
STREET ADDRESS **211-B MANATEE LN**
CITY-ST-ZIP **FT PIERCE FL**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **B.O.D.**
4.3 STREET ADDRESS **CARL RAUCH**
4.4 CITY-ST-ZIP **920 A SAVANNAS PT DR
FT PIERCE**

TITLE **D** ☐ DELETE
NAME **LOMBARDO, TINA**
STREET ADDRESS **207B MANATEE LANE**
CITY-ST-ZIP **FT PIERCE FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **KARZENIOWSKI, MIKE**
STREET ADDRESS **921B SAVANNAS PT DR**
CITY-ST-ZIP **FT. PIERCE FL**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **CO SECTY**
6.3 STREET ADDRESS **LIZ RAYBURN**
6.4 CITY-ST-ZIP **408C SANDPIPER DR
FT PIERCE FL 34982**

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

CR2E037 (10/97)