


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 19 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 745533 (0)**  
 1. Corporation Name  
**HIGH POINT OF FORT PIERCE, CONDOMINIUM SECTION I ASSOCIATION, INC.**



Principal Place of Business <b>723 HIGH POINT BOULEVARD FORT PIERCE FL 34982</b>	Mailing Address <b>723 HIGH POINT BOULEVARD FORT PIERCE FL 34982-6835</b>
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3. Date Incorporated or Qualified <b>01/12/1979</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2040593</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent <b>BERUBE, ROBERT 322-D COLONY LNAE FT PIERCE FL 34982</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE <b>ROBERT BERUDE 322-D COLONY LANE FT PIERCE FL</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE <del>LUPARDO, JAMES</del> <b>518-B CROOKED LAKE LANE FT PIERCE FL 34982</b>	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Vice-President</b>	
NAME		2.2 NAME <b>Guarinello, Louis</b>	
STREET ADDRESS		2.3 STREET ADDRESS <b>1210-A South Lakes End Drive</b>	
CITY - ST - ZIP		2.4 CITY - ST - ZIP <b>Fort Pierce, FL 34982</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE <b>YOUNG, JEAN J 525-C CROOKED LAKE LANE FT PIERCE, FL FL 34982</b>	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE <b>SBANO, BETTY 127-B LAKES END DRIVE FT PIERCE FL</b>	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE <b>BOUQUARD, THOMAS J 625-A PINES KNOLL DRIVE FT PIERCE FL</b>	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE <b>SCOTT, JOANNA 319-D COLONY LANE FT PIERCE FL</b>	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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. Berube, President** **5/1/97**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0071496

CP2E037 (9/96)