1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 745533

1. Corporation Name

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

Principal Place of	Dusiness
723 HIGH POINT E	BOULEVARD
EART DIEDRE DI	24002

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

723 HIGH POINT BOULEVARD FORT PIERCE FL 34982

FILED Apr 22, 1999 8:00 am §

04-22-1999 90092 049 ****61.25

3 8 6 90092 - 49 3 386524 - 90092 - 49



3. Date Incorporated or Qualifed

01/12/1979

4. FEI Number

22		27					59-2040593	_	No	Applicable
City & State	9	匚	City & State				5. Certificate of Status Desired		\$8.75 A	I
23		28	Zip	Coun	****			 -		' -
Zip ──	Country	\vdash		_	iu y		6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	, 1
24	25	29	3	0			10. Name and Address of New i	Panistered A		01003
	9. Name and Address of Current I	regis	stered Agent		81	Name	10. Hame and Address of New I	tagiatoroa z		
	DODEDT TO THE									
	HODELLIFE				82	Street Add	dress (P.O. Box Number is Not Accept	able)		
322-D CO	LONY LNAE			-	83					
FT PIERC	E FL 34982				63	•				
	WAS THE STREET INCOME.		•	Ţ.	84	City		FL	85 Zip (Code
	C 1 7 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1					· · ·			h an sin s its	rogistored
11. Pursuant	to the provisions of Sections 617.0502 egistered agent, or both, in the State of	and 6	817,1508, Florida Statutes da, Such change was auti	i, the ab horized	ove by t	-named co the comora	rporation submits this statement for the ition's board of directors. I hereby acce	purpose or o ot the appoin	manging its itment as re	gistered
agent. I a	m familiar with, and accept the obligation	ns o	, Section 617.0503, Florid	la Statu	tes.				1/10	ann
SIGNATURE	(Sabert Wern	, L	- Chosel	but				M	4419	449
	Signature, typed or printed name of registered agent a				Agent	signature requi	ired when reinstating) ADDITIONS/CHANGES TO OF	DATE /	DIRECTO	RS IN 12
12.	OFFICERS AND	DIK	□ DELETE	13.	-		ADDITIONS/CHANGES TO OF	I IOENS AIN	Change	Addition
TITLE '	PD		□ pereie	1.1 ∏∏.						
NAME	ROBERT BERUDE			1.2 NA						
STREET ADDRESS	322-D COLONY LANE					ADDRESS				
CITY-ST-ZIP	FT PIERCE FL			1.4 CIT		-ZIP		 	☐ Change	Addition
TITLE	VP		☐ DELETE	2.1 TITL					☐ Cliange	☐ Mudikion
NAME	GUARINELLO, LOUIS			2.2 NAM		į				
STREET ADDRESS	1210-A SOUTH LAKES END DRIV	VE		1		ADDRESS	•			
CITY-ST-ZIP	FT PIERCE FL			2.4 CIT		T-ZIP			☐ Change	Addition
TITLE	סז		☐ DELETE	3.1 TITL					Citatige	□ Accident
NAME	YOUNG, JEAN J			3.2 NA	ME					
STREET ADDRESS	525-C CROOKED LAKE LANE		,	3.3 STF	REET	ADDRESS				
CITY-ST-ZIP	FT PIERCE, FL FL 34982			3.4. CIT		T-ZIP				C Addition
TITLE	SD		☐ DELETE	4.1 TITI	LE				Change	Addition
NAME	CARLISLE, JAMES R.			4. 2 NA	ME	1				
STREET ADDRESS	627-C PINES KNOLL DRIVE			4.3 STF	REET	ADDRESS				
CITY-ST-ZIP	FT PIERCE FL 34982			4.4 CIT	Y-ST	ZIP				A 1 1/4
TITLE	D		. DELETE	5.1 TITL					☐ Change	Addition
NAME	BOUQUARD, THOMAS J		•	5.2 NA						
STREET ADDRESS	625-A PINES KNOLL DRIVE		•	5.3 STF	REET	ADDRESS				
CITY-ST-ZIP : 4.	FT PIERCE FL			5.4 CIT		-ZIP				
TITLE	O. A.		☐ DELETE	6.1 TITU		-			Change	Addition
NAME	SCOTT, JOANNA			6.2 NA	ME					
STREET ADDRESS				6.3 STF	REET	ADDRESS	,			
CITY-ST-ZIP	FT PIERCE EI			6.4 CIT						
14. I hereby	certify that the information supplied with	this	filing does not qualify for t	he exen	nptio	on stated in	Section 119.07(3)(i), Florida Statutes.	I further cert	ify that the i	nformation

4. 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 informatio 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Resident

April 10, 1999

Faytime Phone #

CR2E037 (11/98)

Applied For