

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747683

1. Entity Name

HIGHLAND POINTE ASSOCIATION, INC.

FILED  
Feb 04, 2002 8:00 am  
Secretary of State

02-04-2002 90131 044 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1101 HIGHLAND BEACH DRIVE  
HIGHLAND BEACH FL 33487

1475 W. CYPRESS CREEK RD.  
SUITE 204  
FT LAUDERDALE FL 33309

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 65-0050025

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

GOLDING, STEPHEN M  
1475 W. CYPRESS CREEK ROAD  
SUITE 204  
FT. LAUDERDALE FL 33301

## 7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

## 10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME STOWE, SUSAN C  
STREET ADDRESS 1101 A HIGHLAND BEACH DRIVE  
CITY-ST-ZIP HIGHLAND BEACH FL 33487

TITLE ☐ Delete  
NAME KRUTA, ROBERTA  
STREET ADDRESS 1101C HIGHLAND BEACH DRIVE  
CITY-ST-ZIP HIGHLAND BEACH FL 33487

TITLE ☐ Delete  
NAME GOLDING, STEPHEN M  
STREET ADDRESS 1101B HIGHLAND BEACH DRIVE  
CITY-ST-ZIP HIGHLAND BEACH FL 33487

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: STEPHEN M. GOLDING REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 17, 2002

954-772-7878

Date

Daytime Phone #

CR2E037 (9/01)