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Mar 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 750502 (7)  
1. Corporation Name  
HIGHPOINT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 2068 HIGH POINT DRIVE ENGLEWOOD FL 34223  
Mailing Address: 2068 HIGH POINT DRIVE ENGLEWOOD FL 34223

3. Date Incorporated or Qualified: 01/08/1980  
4. FEI Number: 59-1974327  
Applied For: Not Applicable  
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

2. Principal Place of Business: 21 Sulte, Apt. #, etc.  
2a. Mailing Address: 26 Sulte, Apt. #, etc.  
23 City & State: 27 City & State  
24 Zip: 25 Country: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
BECKER, POLIAKOFF & STREITFELD, P.A.  
630 S. ORANGE AVENUE  
THIRD FLOOR  
SARASOTA FL 34236

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD KOCHINKA, MARY 212-B HIGH POINT DRIVE ENGLEWOOD FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE TD LUND, LILLIAN 208-B HIGH POINT DRIVE ENGLEWOOD FL
NAME	PD SCHAUB, MONICA 213-B HIGH POINT DRIVE ENGLEWOOD FL	<input type="checkbox"/> DELETE	1.2 NAME
STREET ADDRESS	SD RODGERS, JAMES 212-A HIGH POINT DRIVE ENGLEWOOD FL	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS
CITY-ST-ZIP	MD COX, THOMAS 222-B HIGH POINT DRIVE ENGLEWOOD FL	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP
	VP MULLINS, CLAYTON K. 204-B HIGH POINT DRIVE ENGLEWOOD FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE PD; MD SCHAUB, MONIKA 213-B HIGH POINT DRIVE ENGLEWOOD FL
		<input type="checkbox"/> DELETE	2.2 NAME
			2.3 STREET ADDRESS
			2.4 CITY-ST-ZIP
			3.1 TITLE SD TATE, ROSE 211-A HIGH POINT DRIVE ENGLEWOOD FL
			3.2 NAME
			3.3 STREET ADDRESS
			3.4 CITY-ST-ZIP
			4.1 TITLE
			4.2 NAME
			4.3 STREET ADDRESS
			4.4 CITY-ST-ZIP
			5.1 TITLE
			5.2 NAME
			5.3 STREET ADDRESS
			5.4 CITY-ST-ZIP
			6.1 TITLE
			6.2 NAME
			6.3 STREET ADDRESS
			6.4 CITY-ST-ZIP

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: *Lillian Lund* March 5, 1998 475-5870  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 00000000

CP2E037 (10/97)