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03-09-1999 90156 035 ****61.25

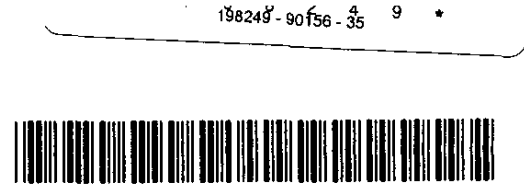
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 750502

1. Corporation Name
HIGHPOINT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 206B HIGH POINT DRIVE ENGLEWOOD FL 34223	Mailing Address 206B HIGH POINT DRIVE ENGLEWOOD FL 34223
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2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 01/08/1980 4. FEI Number 59-1974327 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUND, LILLIAN	1.2 NAME	IVAN R LUND
STREET ADDRESS	208-B HIGH POINT DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAUB, MONICA	2.2 NAME	LUND, IVAN R
STREET ADDRESS	213-B HIGH POINT	2.3 STREET ADDRESS	208-B HIGH POINT DR
CITY-ST-ZIP	ENGLEWOOD FL	2.4 CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	PDMD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAUB, MONIKA	3.2 NAME	SHANNON, ROBERT
STREET ADDRESS	213-B HIGH POINT DRIVE	3.3 STREET ADDRESS	209-B HIGH POINT DR
CITY-ST-ZIP	ENGLEWOOD FL	3.4 CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TATE, ROSE	4.2 NAME	LA MONTAGNE, LINDA
STREET ADDRESS	211-A HIGH POINT DRIVE	4.3 STREET ADDRESS	216-A HIGH POINT DR
CITY-ST-ZIP	ENGLEWOOD FL	4.4 CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	LUND, LILLIAN
STREET ADDRESS		5.3 STREET ADDRESS	208-B HIGH POINT DR
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	LA MONTAGNE, RENE
STREET ADDRESS		6.3 STREET ADDRESS	216-A HIGH POINT DR
CITY-ST-ZIP		6.4 CITY-ST-ZIP	ENGLEWOOD, FL 34223

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, with all other like empowered.

SIGNATURE: Lillian Lund **SIGNATURE REQUIRED** March 7, 1999 941-475-5870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)