

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

Mailing Address

**206B HIGH POINT DRIVE
ENGLEWOOD FL 34223**

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ENGLEWOOD FL 34223**

3. Date Incorporated or Qualified

01/08/1980

3a. Date of Last Report

04/28/1995

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BECKER, POLIAKOFF & STREITFELD, P.A.
630 S. ORANGE AVENUE
THIRD FLOOR
SARASOTA FL 34236**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE **TD** ☐ DELETE
NAME **KOCHINKA, MARY**
STREET ADDRESS **212-B HIGH POINT DRIVE**
CITY - ST - ZIP **ENGLEWOOD FL**

TITLE **PD** ☒ DELETE
NAME **BYRD, CARL**
STREET ADDRESS **118-A HIGH POINT DRIVE**
CITY - ST - ZIP **ENGLEWOOD FL**

TITLE **SD** ☐ DELETE
NAME **RODGERS, JAMES**
STREET ADDRESS **212-A HIGH POINT DRIVE**
CITY - ST - ZIP **ENGLEWOOD FL**

TITLE **ASD MAINT DIR.** ☐ DELETE
NAME **COX, THOMAS**
STREET ADDRESS **222-B HIGH POINT DRIVE**
CITY - ST - ZIP **ENGLEWOOD FL**

TITLE **Vice Pres.** ☐ DELETE
NAME **CLAYTON K. MULLIKS**
STREET ADDRESS **204-B High PT**
CITY - ST - ZIP **ENGLEWOOD, FL**

TITLE **E** ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

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

☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/96

474-8081

CR2E037 (12/95)