

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90899 033 \*\*\*\*61.25

**DOCUMENT # 714830**

1. Entity Name

**HIGH POINT WEST CONDOMINIUM NO. 2, INC.**



Principal Place of Business

**HIGH POINT CONDO II  
325 MAIN BLVD  
BOYNTON BCH FL 33435  
US**

Mailing Address

**HIGH POINT CONDO II  
325 MAIN BLVD  
BOYNTON BCH FL 33435  
US**

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 **59-1269906**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

~~MULHERN, MARYLOU~~ **MARY ANN TRIPLETT**  
~~170A SOUTH BLVD.~~ **290 D MAIN BLVD.**  
**BOYNTON BEACH FL 33435**

7. Name and Address of New Registered Agent

Name **MARY ANN TRIPLETT**  
Street Address (P.O. Box Number is Not Acceptable)  
**290 D MAIN BLVD.**

City **BOYNTON BEACH** FL Zip Code **33435**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Mary Ann Triplett*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*President*  
DATE **2-24-03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PASSERO, SAL</b> <b>155A BOUTH BLVD</b> <b>BOYNTON BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HOADLEY, RICHARD</b> <b>210-D SOUTH BLVD</b> <b>BOYNTON BEACH FL 33435</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>DEAN, DONALD</b> <b>165-A SOUTH BLVD</b> <b>BOYNTON BEACH FL 33435</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BELLUCCI, GENEVIEVE</b> <b>170 A SOUTH BLVD</b> <b>BOYNTON BCH FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>TRIPLETT, MARY ANN</b> <b>270-D MAIN BLVD</b> <b>BOYNTON BEACH FL 33435</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MULHERN, MARYLOU</b> <b>170B SOUTH BLVD</b> <b>BOYNTON BEACH FL 33435</b>	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Patsy Croy</b> <b>260 B Main Blvd.</b> <b>Boynton Beach, FL 33435</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Mary Ann Triplett</b> <b>290-D Main Blvd.</b> <b>Boynton Beach, FL 33435</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Sal Passero</b> <b>155 A South Blvd.</b> <b>Boynton Beach, FL 33435</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Howard Jessie</b> <b>210 D South Blvd.</b> <b>Boynton Beach, FL 33435</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Anthony Francisco</b> <b>250 B Main Blvd.</b> <b>Boynton Beach, FL 33435</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>James Francisco</b> <b>285 A Main Blvd.</b> <b>Boynton Beach, FL 33435</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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.

CR2E037 (10/02)

(Attachment)  
Doc # 714830  
~~80044868~~

**MARCH 2003**

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Director-

Boynton Beach, Fl.

33435

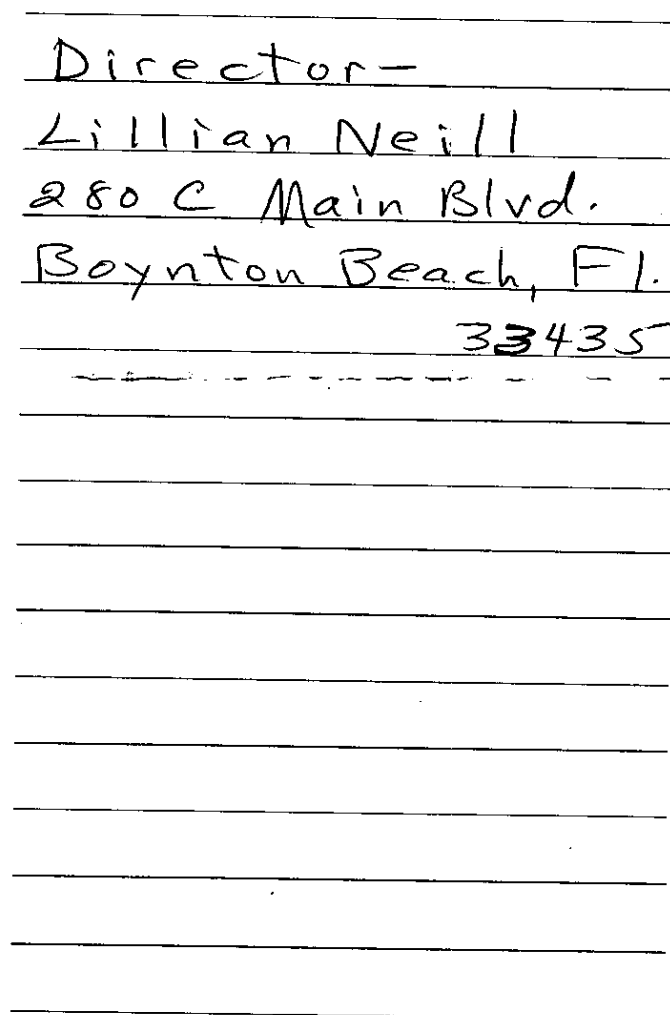
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**JUNE 2003**

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**JULY 2003**

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**INSTANT PRINTING CENTER**

1403 W. BOYNTON BEACH BLVD. • BOYNTON BEACH, FL 33426

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