

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 718719

**Entity Name:** HIGH POINT COURT ASSOCIATION, INC.

**Current Principal Place of Business:**

211 HIGH POINT BOULEVARD  
BOYNTON BEACH, FL 33435

**Current Mailing Address:**

211 HIGH POINT BOULEVARD  
BOYNTON BEACH, FL 33435

**FEI Number:** 59-1409822

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BOGEN LAW GROUP, P.A.  
7351 WILES RD. STE. 202  
CORAL SPRINGS, FL 33067 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            VICE PRESIDENT  
Name            MCKAY, SHARON A  
Address        260C HIGH POINT COURT  
City-State-Zip: BOYNTON BEACH FL 33435

Title            DIRECTOR  
Name            DONLON, SHARON P  
Address        270D HIGH POINT COURT  
City-State-Zip: BOYNTON BEACH FL 33435

Title            TREASURER  
Name            STEVENSON, DAWN  
Address        230D HIGH POINT COURT  
City-State-Zip: BOYNTON BEACH FL 33435

Title            SECRETARY  
Name            GREEN, JACQUELINE  
Address        240A HIGH POINT COURT  
City-State-Zip: BOYNTON COURT FL 33435

Title            -DIRECTOR  
Name            TARDONIA, SHARON  
Address        245A HIGH POINT COURT  
City-State-Zip: BOYNTON BEACH FL 33435

Title            DIRECTOR  
Name            HOOD, HELEN  
Address        235C HIGH POINT COURT  
City-State-Zip: BOYNTON BEACH FL 33435

Title            DIRECTOR  
Name            PORTA, FRANK  
Address        255A HIGH POINT COURT  
City-State-Zip: BOYNTON BEACH FL 33435

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SHARON MCKAY

**VICE PRESIDENT**

**02/08/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date