| Curre                                      | in Fincipal Flace of Business.                            |                                       |                                      |             |
|--|---|---------------------------------------|--------------------------------------|-------------|
| 824 CL                                     | UB DR.  |                                       |                                      |             |
| DELRA                                      | Y BCH, FL 33445   |                                       |                                      |             |
|  |   |                                       |                                      |             |
| Curre                                      | nt Mailing Address:                                       |                                       |                                      |             |
| 824 C                                      | LUB DR.   |                                       |                                      |             |
| DELF                                       | AY BCH, FL 33445 US                                       |                                       |                                      |             |
|  |   |                                       |                                      |             |
| FEI Number: 59-1542004 Certificate of Stat |   |                                       |                                      | Desired: No |
| Name                                       | and Address of Current Registered A                       | gent:                                 |                                      |             |
| BASUL                                      | TO ROBBINS & ASSOCIATES, LLP                              |                                       |                                      |             |
|  | NW 77 COURT   |                                       |                                      |             |
| STE. 2<br>MIAMI                            | 2<br>LAKES, FL 33016 US                                   |                                       |                                      |             |
|  |   |                                       |                                      |             |
| The abo                                    | ve named entity submits this statement for the purpose of | changing its registered office or reg | istered agent, or both, in the State | of Florida. |
| SIGNATURE: RUSSELL M. ROBBINS, ESQ.        |   |                                       |                                      | 03/19/2021  |
|  | Electronic Signature of Registered Age                    | nt                                    |                                      | Date        |
|  |   |                                       |                                      |             |
| Offic                                      | er/Director Detail :                                      |                                       |                                      |             |
| Title                                      | PRESIDENT   | Title                                 | VP                                   |             |
| Name                                       | MCFADDEN, JOSEPH  | Name                                  | RENDLE, JAMES E                      |             |
| Addres                                     | s 824 CLUB DR.  | Address                               | 824 CLUB DR.                         |             |
|  |   |                                       |                                      |             |

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: JANICE GIL

SECRETARY/TREASURER 03/19/2021

DELRAY BCH FL 33445

DELRAY BCH FL 33445

GIL, JANICE

824 CLUB DR.

TREASURER AND SECRETARY

City-State-Zip:

City-State-Zip:

Title

Name

Address

Electronic Signature of Signing Officer/Director Detail

FILED Mar 19, 2021

Secretary of State

7487703769CC

## **2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 723291** 

City-State-Zip:

City-State-Zip:

City-State-Zip:

Title

Title

Name

Address

Name

Address

Entity Name: HIGH POINT OF DELRAY BEACH CONDOMINIUM ASSOC. SEC. 4, INC.

**Current Principal Place of Business:** 

DELRAY BCH FL 33445

DELRAY BCH FL 33445

DELRAY BCH FL 33445

DIRECTOR

OLSHAN, PHILLIP

824 CLUB DR.

DIRECTOR

BALSLEY, DALE

824 CLUB DR.