

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 723291

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

**FILED**  
**Feb 18, 2020**  
**Secretary of State**  
**4860628743CC**

**Current Principal Place of Business:**

824 CLUB DR.  
DELRAY BCH, FL 33445

**Current Mailing Address:**

824 CLUB DR.  
DELRAY BCH, FL 33445

**FEI Number: 59-1542004**

**Certificate of Status Desired: No**

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

BASULTO ROBBINS & ASSOCIATES, LLP  
14160 NW 77 COURT  
STE. 22  
MIAMI LAKES, FL 33016 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: RUSSELL M. ROBBINS, ESQ.**

**02/18/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MAHONEY, GERARD  
Address        824 CLUB DR.  
City-State-Zip: DELRAY BCH FL 33445

Title            SECRETARY  
Name            HOFFMAN, ESME  
Address        824 CLUB DR.  
City-State-Zip: DELRAY BCH FL 33445

Title            DIRECTOR  
Name            THEOCHARIS, BARBARA  
Address        824 CLUB DR.  
City-State-Zip: DELRAY BCH FL 33445

Title            VP  
Name            MCFADDEN, JOSEPH  
Address        824 CLUB DR.  
City-State-Zip: DELRAY BCH FL 33445

Title            DIRECTOR  
Name            RENDLE, JAMES E  
Address        824 CLUB DR.  
City-State-Zip: DELRAY BCH FL 33445

Title            DIRECTOR  
Name            OLSHAN, PHILLIP  
Address        824 CLUB DR.  
City-State-Zip: DELRAY BCH FL 33445

Title            TREASURER  
Name            GIL, JANICE  
Address        824 CLUB DR.  
City-State-Zip: DELRAY BCH FL 33445

*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**

**TREASURER**

**02/18/2020**

Electronic Signature of Signing Officer/Director Detail

Date