

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 728961

**Entity Name:** HIGH POINT OF FORT PIERCE CONDOMINIUM ASSOCIATION  
SECTION 1, INC.**FILED**  
**Jan 27, 2022**  
**Secretary of State**  
**2550336105CC****Current Principal Place of Business:**204 MANATEE LANE  
FT PIERCE, FL 34982-6779**Current Mailing Address:**204 MANATEE LANE  
FT PIERCE, FL 34982-6779**FEI Number: 59-1667970****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**DIPALMA, STEVEN  
204 MANATEE LANE  
FORT PIERCE, FL 34982 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 SECRETARY, DIRECTOR  
Name PRESLEY, DORIS  
Address 112 C LAKES END DRIVE  
City-State-Zip: FORT PIERCE FL 34982Title PRESIDENT, DIRECTOR  
Name DIPALMA, STEVEN  
Address 3514 CARRIAGE POINT CIRCLE  
City-State-Zip: FT PIERCE FL 34981Title DIRECTOR  
Name KRAMER, ROBERT  
Address 711 A HIGH POINT BOULEVARD  
City-State-Zip: FORT PIERCE FL 34982Title TREASURER, DIRECTOR  
Name NAIL, GENE  
Address 418 C SANDPIPER DRIVE  
City-State-Zip: FT. PIERCE FL 34982Title VP, DIRECTOR  
Name THOMPSON, JOSEPH  
Address 215 A MANATEE LANE  
City-State-Zip: FT. PIERCE FL 34982

*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: GENE NAIL****TREASURER****01/27/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date