

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721215

FILED  
Feb 08, 2012  
Secretary of State

**Entity Name:** HIGH POINT OF DELRAY BEACH CONDOMINIUM ASSOC. SEC.2, INC.

**Current Principal Place of Business:**

245 HIGH POINT BLVD  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

**Current Mailing Address:**

245 HIGH POINT BLVD  
DELRAY BEACH, FL 33445

**New Mailing Address:**

**FEI Number:** 59-1503589

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GATSOS, ELAINE M ESQUIRE  
1499 WEST PALMETTO PARK ROAD  
INTERSTATE PLAZA, SUITE 210  
BOCA RATON, FL 33486 US

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

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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** HOCHHAUSER, ALAN  
**Address:** 570 HIGH POINT DRIVE APT. B  
**City-St-Zip:** DELRAY BEACH, FL 33445

**Title:** VP  
**Name:** DI DOLCE, JOHN  
**Address:** 415 HIGH POINT BLVD. APT A  
**City-St-Zip:** DELRAY BEACH, FL 33445

**Title:** T  
**Name:** CULKIN, MARGARET R  
**Address:** 405 HIGH POINT BLVD. N. APT. B  
**City-St-Zip:** DELRAY BEACH, FL 33445

**Title:** S  
**Name:** GRECO, JOANNE  
**Address:** 415 HIGH POINT BLVD. APT. A  
**City-St-Zip:** DELRAY BEACH, FL 33445

**Title:** D  
**Name:** DENARDI, MARIO  
**Address:** 620 HIGH POINT BLVD N., APT. B  
**City-St-Zip:** DELRAY BEACH, FL 33445

**Title:** D  
**Name:** RAUTENKRANZ, ALICE  
**Address:** 525 HIGH POINT DRIVE APT. B  
**City-St-Zip:** DELRAY BEACH, 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:** MARGARET R. CULKIN

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02/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date