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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729359

1. Corporation Name
HIGH POINT OF DELRAY BEACH CONDOMINIUM ASSOC. SE C. 5, INC.

Principal Place of Business	Mailing Address
1103 CLUB DRIVE WEST DELRAY BEACH FL 33445	1103 CLUB DRIVE WEST DELRAY BEACH FL 33445

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualifed: 04/05/1974

4. FEI Number: 59-1833036 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

FLORIDA PERFORMANCE PLUS, INC.
1240 SOUTH FEDERAL HIGHWAY
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	VEGA, JERRY		1.2 NAME		
STREET ADDRESS	1102C NORTH DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GOLDSTEIN, LEONARD		2.2 NAME		
STREET ADDRESS	1157 B SOUGH DRIVE CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33445		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LAMPARSKI, JOSPEH		3.2 NAME		
STREET ADDRESS	1230 A SOUTH DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33445		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JACOBUCCI, ALBERT P		4.2 NAME		
STREET ADDRESS	1217 A SOUTH DRIVE WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33445		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WILE, JEAN		5.2 NAME		
STREET ADDRESS	1180 A SOUTH DRIVE CIRCLE		5.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33445		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	VD	☐ Change ☒ Addition
NAME	BANQUER, ROBERT		6.2 NAME	ANDREIUOLO, FRANK	
STREET ADDRESS	1225 B CLUB DRIVE W		6.3 STREET ADDRESS	1202 B So Drive Way	
CITY-ST-ZIP	DELRAY BEACH FL		6.4 CITY-ST-ZIP	DelRay Beach FL	

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Albert P. JACOBUCCI 1/18/99 (561) 495-0463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #