

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729359

1. Entity Name

HIGH POINT OF DELRAY BEACH CONDOMINIUM ASSOC. SE

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90090 044 ****61.25

Principal Place of Business

1103 CLUB DRIVE WEST
DELRAY BEACH FL 33445

Mailing Address

1103 CLUB DRIVE WEST
DELRAY BEACH FL 33445-2826

80006907



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1833036

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME VEGA, JERRY
STREET ADDRESS 1102C NORTH DR
CITY-ST-ZIP DELRAY BEACH FL ☒ Delete

TITLE D
NAME GOLDSTEIN, LEONARD
STREET ADDRESS 1157 B SOUGH DRIVE CIRCLE
CITY-ST-ZIP DELRAY BEACH FL 33445 ☐ Delete

TITLE T
NAME LAMPARSKI, JOSPEH
STREET ADDRESS 1230 A SOUTH DRIVE
CITY-ST-ZIP DELRAY BEACH FL 33445 ☐ Delete

TITLE PD
NAME JACOBUCCHI, ALBERT P
STREET ADDRESS 1217 A SOUTH DRIVE WAY
CITY-ST-ZIP DELRAY BEACH FL 33445 ☐ Delete

TITLE S
NAME WILE, JEAN
STREET ADDRESS 1180 A SOUTH DRIVE CIRCLE
CITY-ST-ZIP DELRAY BEACH FL 33445 ☒ Delete

TITLE VD
NAME ANDREINOLO, FRANK
STREET ADDRESS 1202 B SO DRIVE WAY
CITY-ST-ZIP DELRAY BEACH FL 33445 ☐ Delete

TITLE D
NAME Michael Fitzgerald
STREET ADDRESS 1130 D So Drive Way
CITY-ST-ZIP Delray Beach FL ☐ Change ☒ Addition

TITLE D
NAME Frank Zazzarino
STREET ADDRESS 1167 D So Drive Circle
CITY-ST-ZIP Delray Beach FL ☐ Change ☒ Addition

TITLE ASST TREASURER
NAME LAMPARSKI, Joseph
STREET ADDRESS 1230 A So Drive Way
CITY-ST-ZIP Delray Beach, FL ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME Hilos, Catherine
STREET ADDRESS 1200 C So Drive Circle
CITY-ST-ZIP Delray Beach, FL ☐ Change ☒ Addition

TITLE S
NAME KATHRYN GRULLA
STREET ADDRESS 1215 D So Drive Way
CITY-ST-ZIP Delray Beach FL ☐ Change ☒ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/00 (561) 495-0463