

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90286 041 ****61.25

DOCUMENT # 729359

1. Entity Name

HIGH POINT OF DELRAY BEACH CONDOMINIUM ASSOC. SE

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

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** ☐ Delete
 NAME **FITZGERALD, MICHAEL**
 STREET ADDRESS **1130 D SOUTH DRIVE WAY**
 CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **D** ☐ Change ☒ Addition
 NAME **Joseph Campbell**
 STREET ADDRESS **1130 B Circle Terrace West**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

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

TITLE **D** ☒ Change ☐ Addition
 NAME **1157 B SOUTH Drive Circle**
 STREET ADDRESS **1157 B SOUTH Drive Circle**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **AT** ☒ Delete
 NAME **LAMPARSKI, JOSEPH**
 STREET ADDRESS **1230 A SOUTH DRIVE WAY**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **TRGAS** ☐ Change ☒ Addition
 NAME **KAY HILES**
 STREET ADDRESS **1200 C SOUTH Drive Circle**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

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

TITLE **PD** ☐ Change ☐ Addition
 NAME **JACOBUCCI, ALBERT P**
 STREET ADDRESS **1217 A SOUTH DRIVE WAY**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **S** ☒ Delete
 NAME **GRELLA, KATHRYN**
 STREET ADDRESS **1215 D SOUTH DRIVE WAY**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **S** ☐ Change ☒ Addition
 NAME **JOAN PATERNO**
 STREET ADDRESS **1217 D South Drive Way**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

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

TITLE **VD** ☒ Change ☐ Addition
 NAME **ANDREINOLO, FRANK**
 STREET ADDRESS **1202 B South Drive Circle**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01 (561) 495-0463
 Date Daytime Phone #

CR2E037 (10/00)