

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90095 046 ****61.25

DOCUMENT # 729359

1. Entity Name

HIGH POINT OF DELRAY BEACH CONDOMINIUM ASSOC.
SEC. 5, INC.



Principal Place of Business

1103 CLUB DRIVE WEST
DELRAY BEACH FL 33445

Mailing Address

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

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1833036

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DICKSON, DENNIS
1230 A SOUTH DRIVE WAY
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name Joe Dente

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

1180 D SOUTH DRIVE CIRCLE

Delray Beach

City

FL

Zip Code

33445

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Joe Dente *Joe Dente*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-27-06

FILE NOW: FEE IS \$61.25

Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | DICKSON, DENNIS | |
| STREET ADDRESS | 1230 A SOUTH DRIVE WAY | |
| CITY-ST-ZIP | DELRAY BEACH FL 33445 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | STEWART, BRUCE | |
| STREET ADDRESS | 1082A NORTH DRIVE | |
| CITY-ST-ZIP | DELRAY BEACH FL 33445 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | SEYMOUR, DOROTHY | |
| STREET ADDRESS | 1200-A SOUTH DRIVE CIRCLE | |
| CITY-ST-ZIP | DELRAY BEACH FL 33445 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | ALLEN, ROBERT | |
| STREET ADDRESS | 1222 B SOUTH DIRVE WAY | |
| CITY-ST-ZIP | DELRAY BEACH FL 33445 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BARILOTTI, BRUCE | |
| STREET ADDRESS | 1117D SOUTH DRIVE | |
| CITY-ST-ZIP | DELRAY BEACH FL 33445 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ROSSI, ANGELO | |
| STREET ADDRESS | 1100A NORTH DIVE | |
| CITY-ST-ZIP | DELRAY BEACH FL 33445 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Dente, Joe | |
| STREET ADDRESS | 1180 D SOUTH DRIVE CIRCLE | |
| CITY-ST-ZIP | Delray Beach, FL 33445 | |
| TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROSSI, ANGELO | |
| STREET ADDRESS | 1100 A NORTH DRIVE | |
| CITY-ST-ZIP | Delray Beach, FL 33445 | |
| TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DENTE, BETTY | |
| STREET ADDRESS | 1180 D SOUTH DRIVE CIRCLE | |
| CITY-ST-ZIP | Delray Beach, FL 33445 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Joe Dente *Joe Dente*

1-27-06 561-381-3329