


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90054 004 ****61.25

DOCUMENT # 729360 1. Entity Name HIGH POINT OF DELRAY BEACH CONDOMINIUM ASSOC. SEC. 6, INC.					
Principal Place of Business 1221 CLUB DRIVE WEST DELRAY BEACH, FL 33445			Mailing Address 1221 CLUB DRIVE WEST DELRAY BEACH, FL 33445		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1565934	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BUTLER, ELLEN 1430 B HIG POINT WAY NW DELRAY BEACH, FL 33445				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <i>[Signature]</i> 1-9-07 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	2VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MONACO, VINCENT		NAME		
STREET ADDRESS	1255 D HIGH POINT PLACE		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH, FL 33445		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FREIL, JOHN		NAME		
STREET ADDRESS	12604 CLUB DR WOST		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33445		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAMILL, ALFRED		NAME		
STREET ADDRESS	365 A HIGH PT		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33445		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUTLER, ELLEN		NAME		
STREET ADDRESS	1430 B HIG POINT WAY NW		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH, FL		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRIEL, FRANKIE		NAME		
STREET ADDRESS	1260 A CLUB DR WEST		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33445		CITY-ST-ZIP		
TITLE	SEC	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAIGE, VICTORIA		NAME		
STREET ADDRESS	1232 A CLUB DRIVE WEST		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33445		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>[Signature]</i> 1-9-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					