

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-05-2003 90039 013 ****61.25

DOCUMENT # 750502

1. Entity Name

HIGHPOINT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**2068 HIGH POINT DRIVE
ENGLEWOOD FL 34223**

Mailing Address

**2068 HIGH POINT DRIVE
ENGLEWOOD FL 34223**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1974327**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BECKER, POLIAKOFF & STREITFELD, P.A.
630 S. ORANGE AVENUE
THIRD FLOOR
SARASOTA FL 34236**

7. Name and Address of New Registered Agent

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **LUND, LILLIAN**
STREET ADDRESS **208-B HIGH POINT DRIVE**
CITY-ST-ZIP **ENGLEWOOD FL 34223** ☐ Delete

TITLE **D**
NAME **LUND, IVAN R**
STREET ADDRESS **208-B HIGH POINT DR**
CITY-ST-ZIP **ENGLEWOOD FL 34223** ☒ Delete

TITLE **VD**
NAME **LAMONTAGNE, RENE**
STREET ADDRESS **218-A HIGH POINT DR**
CITY-ST-ZIP **ENGLEWOOD FL 34223** ☐ Delete

TITLE **SD**
NAME **LAMONTAGNE, LINDA**
STREET ADDRESS **218-A HIGH POINT DR**
CITY-ST-ZIP **ENGLEWOOD FL 34223** ☒ Delete

TITLE **TD**
NAME **REASONER, ROBERT**
STREET ADDRESS **217B HIGH POINT DR**
CITY-ST-ZIP **ENGLEWOOD FL 34223** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SECRETARY** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VICE-PRESIDENT** ☒ Change ☐ Addition
NAME **ROGER BLOCK**
STREET ADDRESS **223-A HIGH POINT DR**
CITY-ST-ZIP **ENGLEWOOD, FL 34223**

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **BERNARD MAYCHER**
STREET ADDRESS **224-B HIGH POINT DR**
CITY-ST-ZIP **ENGLEWOOD, FL 34223**

TITLE **TREASURER** ☒ Change ☐ Addition
NAME **CHARLES MUELLER**
STREET ADDRESS **217-A HIGH POINT DR**
CITY-ST-ZIP **ENGLEWOOD, FL 34223**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 another like empowered.

SIGNATURE:

CHARLES MUELLER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/03

Date

(941) 473-8760
Daytime Phone

CR2E037 (10/02)