

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 758312 (3)**

**HIGH POINT OF DELRAY WEST CONDOMINIUM ASSOCIATION SECTION 3, INC.**



Principal Place of Business <b>C/O PHIL CITTADINO MANAGEMENT, INC. 100 EAST LINTON BLVD., #306B DELRAY BEACH FL 33483 US</b>	Mailing Address <b>C/O PHIL CITTADINO MANAGEMENT, INC. 100 EAST LINTON BLVD., #306B DELRAY BEACH FL 33483 US</b>
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3. Date Incorporated or Qualified <b>05/12/1981</b>	3a. Date of Last Report <b>02/13/1995</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Country <b>29</b>	Zip <b>30</b>

4. FEI Number <b>59-2205357</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
b. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

**9. Name and Address of Current Registered Agent**  
**BECKER, POLIAKOFF AND STREITFELD  
450 AUSTRALIAN AVE., STE. 720  
W. PALM BCH. FL 33401**

**10. Name and Address of New Registered Agent**

<b>81</b> Name <b>KEITH F. BACKER</b>
<b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>2424 NORTH FEDERAL HIGHWAY</b>
<b>83</b> <b>SUITE 314 LAKE WYMAN PLAZA</b>
<b>84</b> City <b>BOCA RATON</b>
<b>85</b> Zip Code <b>FL 33431</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Keith F. Backer* **KEITH F. BACKER** **3-22-96**

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>FROST, MARTY</b>
STREET ADDRESS	<b>13907-A NESTING WAY</b>
CITY-ST-ZIP	<b>DELRAY BCH. FL</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>JOHNSON, JIM</b>
STREET ADDRESS	<b>14030 C NESTING WAY</b>
CITY-ST-ZIP	<b>DELRAY BCH. FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>GLICK, RUTH</b>
STREET ADDRESS	<b>5071-C NESTING WAY</b>
CITY-ST-ZIP	<b>DELRAY BCH. FL</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>KAPLAN, HELEN</b>
STREET ADDRESS	<b>14130-A NESTING WAY</b>
CITY-ST-ZIP	<b>DELRAY BCH. FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CHUZI, LEE</b>
STREET ADDRESS	<b>14100 C. NESTING WAY</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ROMEO, JOSEPH</b>
STREET ADDRESS	<b>14109-C NESTING WAY</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marty Frost* **MARTY FROST** **3-22-96** **407-279-0555**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)