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Mar 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 758312 (3)

1. Corporation Name

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



Principal Place of Business Mailing Address  
C/O PHIL CITTADINO MANAGEMENT, INC.  
100 EAST LINTON BLVD. #306B  
DELRAY BEACH FL 33483  
US

3. Date Incorporated or Qualified 05/12/1981  
3a. Date of Last Report 03/29/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2205357 Applied For Not Applicable  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State 5. Certificate of Status Desired \$8.75 Additional Fee Required  
23 Zip Country 28 Zip Country 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
24 25 29 30 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
BACKER, KEITH F  
2424 NORTH FEDERAL HWY  
SUITE 314 LAKE WYMAN PLAZA  
BOCA RATON FL 33431  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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 Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | P <input checked="" type="checkbox"/> DELETE | 1.1 TITLE   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | FROST, MARTY                                 | 1.2 NAME  | AL SIMON   |
| STREET ADDRESS             | 13907-A NESTING WAY                          | 1.3 STREET ADDRESS                                    | 14079-A NESTING WAY  |
| CITY-ST-ZIP                | DELRAY BCH. FL                               | 1.4 CITY-ST-ZIP                                       | DELRAY BEACH FL 33484  |
| TITLE                      | VP <input type="checkbox"/> DELETE           | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME                       | JOHNSON, JIM                                 | 2.2 NAME  |  |
| STREET ADDRESS             | 14030 C NESTING WAY                          | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | DELRAY BCH. FL                               | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | T <input type="checkbox"/> DELETE            | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME                       | GLICK, RUTH                                  | 3.2 NAME  |  |
| STREET ADDRESS             | 5071-C NESTING WAY                           | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | DELRAY BCH. FL                               | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | S <input type="checkbox"/> DELETE            | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME                       | KAPLAN, HELEN                                | 4.2 NAME  |  |
| STREET ADDRESS             | 14130-A NESTING WAY                          | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | DELRAY BCH. FL                               | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D <input type="checkbox"/> DELETE            | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME                       | CHUZI, LEE                                   | 5.2 NAME  |  |
| STREET ADDRESS             | 14100 C. NESTING WAY                         | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | DELRAY BEACH FL                              | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D <input type="checkbox"/> DELETE            | 6.1 TITLE   | P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ROMEO, JOSEPH                                | 6.2 NAME  |  |
| STREET ADDRESS             | 14109-C NESTING WAY                          | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | DELRAY BEACH FL                              | 6.4 CITY-ST-ZIP                                       |  |

14. I do 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 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: *Joseph Romeo* JOSEPH ROMEO 3-4-97 561-279-0555  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0044711

CP2E037 (9/96)