

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 758312 (3)

1. Corporation Name
**HIGH POINT OF DELRAY WEST CONDOMINIUM ASSOCIATIO
N SECTION 3, INC.**

Principal Place of Business C/O PHIL CITTADINO MANAGEMENT, INC. 14000 MILITARY TRAIL, SUITE 204-C DELRAY BEACH FL 33484 US	Mailing Address C/O PHIL CITTADINO MANAGEMENT, INC. 14000 MILITARY TRAIL, SUITE 204-C DELRAY BEACH FL 33484 US
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3. Date Incorporated or Qualified
05/12/1981

4. FEI Number
59-2205357

Applied For
 Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

6. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**BACKER, KEITH F
2424 NORTH FEDERAL HWY
SUITE 314 LAKE WYMAN PLAZA
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SIMON, AL		1.2 NAME	
STREET ADDRESS 14079-A NESTING WAY		1.3 STREET ADDRESS	
CITY-ST-ZIP DELRAY BCH. FL		1.4 CITY-ST-ZIP	
TITLE VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JOHNSON, JIM		2.2 NAME HERMAN, PHYLLIS	
STREET ADDRESS 14030 C NESTING WAY		2.3 STREET ADDRESS 5170 A NESTING WAY	
CITY-ST-ZIP DELRAY BCH. FL		2.4 CITY-ST-ZIP DELRAY BEACH FL	
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 P	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROMEO, JOSEPH		6.2 NAME	
STREET ADDRESS 14109-C NESTING WAY		6.3 STREET ADDRESS	
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14. 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 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 3-11-98 561-496-3233**

CR2E037 (10/97)