


**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

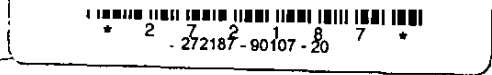
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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 758312**

1. Corporation Name  
**HIGH POINT OF DELRAY WEST CONDOMINIUM ASSOCIATION 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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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 29 Zip Country	3. Date Incorporated or Qualified 05/12/1981	4. FEI Number 59-2205357 Applied For Not Applicable
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) 136 EAST BOCA RATON ROAD 83 84 City BOCA RATON FL 85 Zip Code 33432	

11. Pursuant to the provisions of Sections 617.0602 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP	NAME SIMON, AL	1.1 TITLE T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 14079-A NESTING WAY	CITY-ST-ZIP DELRAY BCH. FL	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE D	NAME HERMAN, PHYLLIS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5170 A NESTING WY	CITY-ST-ZIP DELRAY BCH. FL	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE T	NAME GLICK, RUTH	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5071-C NESTING WAY	CITY-ST-ZIP DELRAY BCH. FL	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE S	NAME KAPLAN, HELEN	4.1 TITLE S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 14130-A NESTING WAY	CITY-ST-ZIP DELRAY BCH. FL	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE D	NAME CHUZI, LEE	5.1 TITLE VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 14100 C. NESTING WAY	CITY-ST-ZIP DELRAY BEACH FL	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE P	NAME ROMEO, JOSEPH	6.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 14109-C NESTING WAY	CITY-ST-ZIP DELRAY BEACH FL	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: JOSEPH ROMEO REQUIRED JOSEPH ROMEO 3-8-99 561-496-3233  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CRZE037 (1/198)