

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90182 032 ****61.25

DOCUMENT # 758312
 1. Entity 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**

50036069



03292005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2205357		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BACKER, KEITH F 136 E. BOCA RATON RD BOCA RATON, FL 33431				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	President	<input checked="" type="checkbox"/> Delete		TITLE	VP/President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KAPLAN, BURTON			NAME	Sciarallo, Michael		
STREET ADDRESS	13970-D NESTING WAY			STREET ADDRESS	14130 B Nesting Way		
CITY-ST-ZIP	DELRAY BEACH, FL 33484			CITY-ST-ZIP	Delray Beach, FL 33484		
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HERMAN, PHYLLIS			NAME	Eoute, Gill		
STREET ADDRESS	5170 NETING WAY #A			STREET ADDRESS	14160 B Nesting Way		
CITY-ST-ZIP	DELRAY BEACH, FL 33484			CITY-ST-ZIP	Delray Beach, FL 33484		
TITLE	TD	<input type="checkbox"/> Delete		TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEARNREITER, ROBERT			NAME	HERRNREITER, Robert		
STREET ADDRESS	5041A NESTING WAY			STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33484			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COCCOMO, PETER			NAME			
STREET ADDRESS	14109A NESTING WAY			STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33484			CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DREW, NANCY			NAME			
STREET ADDRESS	5290 NESTING WAY #A			STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33484			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 all other like empowered.

SIGNATURE: William M. Eoute Gillian Eoute S/D 4-1-05 561-496-3233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #