


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90461 033 \*\*\*\*61.25

**DOCUMENT # 758312**

1. Entity 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**

11002918



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **59-2205357**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**BACKER, KEITH F  
136 E. BOCA RATON RD  
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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)

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

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	KAPLAN, BURTON	13970-D NESTING WAY	DELRAY BEACH FL 33484	<input type="checkbox"/>
VP	KATZ, HERBERT	14190-A NESTING WAY	DELRAY BEACH FL 33484	<input checked="" type="checkbox"/>
SD	GROSS, ABRAHAM	14131-C NESTING WAY	DELRAY BEACH FL 33484	<input type="checkbox"/>
T	ROSS, JEROME	14097-D NESTING WAY	DELRAY BEACH FL 33484	<input type="checkbox"/>
D	PRAEL, DONALD	14079-D NESTING WAY	DELRAY BEACH FL 33484	<input checked="" type="checkbox"/>
Treasurer	Hennricher, Robert	5041 #A Nesting way	Delray Beach, FL 33484	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VP	Rhyllis Herman	5170 Nesting way #A	Delray Beach, FL 33484	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Ross, Jerome	14097-D Nesting way	Delray Beach, FL 33484	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Director	Coccono, Peter	14109A Nesting way	Delray Beach, FL 33484	<input type="checkbox"/>	<input type="checkbox"/>
Director	Orew, Nancy	5290 Nesting way #A	Delray Beach, FL 33484	<input type="checkbox"/>	<input type="checkbox"/>

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 an other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** 4-9-03 561-496-3233  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)