

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90037 045 ****61.25

DOCUMENT # 759198

1. Corporation Name

**HIGH POINT WEST NO. 1 APPLIANCE SERVICE ASSOCIAT
ION, INC.**

Principal Place of Business
5230 LAKE FRONT BLVD
DELRAY BEACH FL 33484-2620

Mailing Address
5230 LAKE FRONT BLVD
DELRAY BEACH FL 33484-2620



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
07/17/1981

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2110249

Applied For
Not Applicable

23 City & State

27 City & State

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

24 Zip Country

29 Zip Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WESTREICH, WILLIAM
14260D NESTING WAY
DELRAY BEACH FL FL 33484**

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 PD
NAME WESTREICH WILLIAM
STREET ADDRESS 14260 D NESTING WAY
CITY-ST-ZIP DELRAY BEACH FL 33484

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T
NAME BEHAR, HAL
STREET ADDRESS 14339A CANALVIEW DR
CITY-ST-ZIP DELRAY BEACH FL 33484

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Arnold Dorfled, Treasurer
5360B Lakefront Boulevard
Delray Beach, FL 33484

☐ Change ☐ Addition

TITLE ATD
NAME DORFELD, ARNOLD
STREET ADDRESS 5360B LAKEFRONT BLVD
CITY-ST-ZIP DELRAY BEACH FL 33484

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Hal Behar, Assistant Treasurer
14339A Canalview Drive
Delray Beach, FL 33484

☐ Change ☐ Addition

TITLE VD
NAME LEAVITT, JOSEPH
STREET ADDRESS 5078 D LAKEFRONT BLVD
CITY-ST-ZIP DELRAY BEACH FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME HUGO, MARTHA
STREET ADDRESS 14319C CANALVIEW DRIVE
CITY-ST-ZIP DELRAY BEACH FL 33484

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (11/98)