

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90014 023 ****61.25

DOCUMENT # 759198

1. Entity Name

HIGH POINT WEST NO. 1 APPLIANCE SERVICE
ASSOCIATION, INC.



Principal Place of Business

5230 LAKE FRONT BLVD
DELRAY BEACH FL 33484

Mailing Address

5230 LAKE FRONT BLVD
DELRAY BEACH FL 33484



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2110249

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHARFSTEIN, LAURENCE S
14295 D NESTING WAY
DELRAY BEACH FL 33484

Name **MARTHA HUGO**

Street Address (P.O. Box Number is Not Applicable)

14319C CANALVIEW DR.
DELRAY BEACH FL 33484

FL Zip Code

8. The above named entity submits this statement for the purpose of changing the name of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature is required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME SHARFSTEIN, LAURENCE S
STREET ADDRESS 14295 D NESTING WAY
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME SHARFSTEIN, HELEN
STREET ADDRESS 14295 D NESTING WAY
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME HUGO, MARTHA
STREET ADDRESS 14319C CANALVIEW DR
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME LEVIN, IRWIN
STREET ADDRESS 5210 B LAKEFRONT BLVD
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE ☒ Change ☐ Addition
NAME **D. Trever**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME FALCONE, WILLIAM
STREET ADDRESS 5408 D LAKEFRONT BLVD
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

[Signature]

2/14/08