

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

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90092 027 \*\*\*\*61.25

**DOCUMENT # 759198**

1. Entity Name

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**TROCCOLI, ALFRED**

**14324 B CANAL VIEW DR**

**DELRAY BEACH FL FL 33484**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	TROCCOLI, ALFRED	14324 B CANALVIEW DR	DELRAY BEACH FL 33484	<input type="checkbox"/>
VP	VERNESS, ELLIOTT S	5360C LAKEFRONT BLVD	DELRAY BEACH FL 33484	<input checked="" type="checkbox"/>
	WASSMAN, STANLEY	50750 LAKEFRONT BLVD	DELRAY BEACH FL 33484	<input checked="" type="checkbox"/>
S	HUGO, MARTHA	14319C CANALVIEW DR	DELRAY BEACH FL 33484	<input type="checkbox"/>
D	WESTREICH, WILLIAM	14260D NESTING WAY	DELRAY BEACH FL 33484	<input type="checkbox"/>
D	FARACCO, ARTHUR	5114C LAKEFRONT BLVD	DELRAY BEACH FL 33484	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Vice President	SILVERMAN, ELLIOTT	5138 A LAKEFRONT BLVD	DELRAY BEACH FL 33484	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TREASURER	HELEN SHARFSTEIN	14295 D NESTING WAY	DELRAY BEACH FL 33484	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
DIRECTOR	LAURENCE SHARFSTEIN	14295 D NESTING WAY	DELRAY BEACH FL 33484	<input checked="" type="checkbox"/>	<input type="checkbox"/>

CR2E037 (10/02)

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:** **SIGNATURE REQUIRED** *Sped K. Rowh* 5614963686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR