

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 28, 2001 08:00 AM****Secretary of State****DOCUMENT # N36758****1. Entity Name**

STEPI OF HIGHLAND BEACH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business3135 S. FEDERAL HIGHWAY
SUITE # 660
DELRAY BEACH
33483 US**Mailing Address**3135 S. FEDERAL HIGHWAY
SUITE # 660
DELRAY BEACH
33483 US**2. Principal Place of Business**

1019 RUSSELL DRIVE

3. Mailing Address

1019 RUSSELL DRIVE

Suite, Apt. #, etc.

UNIT #3

Suite, Apt. #, etc.

UNIT #3

City & State

HIGHLAND BEACH FL

City & State

HIGHLAND BEACH FL

Zip

33487

Country

US

Zip

33487

Country

US

4. FEI Number**59-3046773****Applied For**

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentHCRM CORP.
2200 CORPORATE BLVD. N.W.
STE. 401
BOCA RATON
33431 US

FL

7. Name and Address of New Registered Agent**Name**

STEEPI CONDO ASSOCIATION

Street Address (P.O. Box Number is Not Acceptable)
1019 RUSSEL DRIVE**UNIT #3****City**

HIGHLAND BEACH

FL**Zip Code**
33487

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.

SIGNATURE **DOUGLAS GRAHAM****05/28/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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
Department of State****10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	CORNACCHIA JOSEPH	
STREET ADDRESS	525 S. FLAGLER DR. #4C	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	GASSER LOU	
STREET ADDRESS	39 BAY AVENUE	
CITY-ST-ZIP	SEACLIFF NY 11579	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORNACCHIA BRIAN	
STREET ADDRESS	3135 S. FEDERAL HIGHWAY	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORNACCHIA BRIAN	
STREET ADDRESS	3135 S FEDERAL HIGHWAY	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM DOUGLAS A	
STREET ADDRESS	1019 RUSSEL DRIVE, UNIT #3	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORZIATI ALAN S	
STREET ADDRESS	1019 RUSSEL DRIVE, UNIT #2	
CITY-ST-ZIP	HIGHLAND BEACH FL 33587	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(f), 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: Alan Forziati

D

05/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)