

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N36758

1. Entity Name

**STEPI OF HIGHLAND BEACH CONDOMINIUM
ASSOCIATION, INC.**

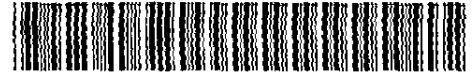


Principal Place of Business

**1019 RUSSELL DRIVE
UNIT #3
HIGHLAND BEACH FL 33487
US**

Mailing Address

**1019 RUSSELL DRIVE
UNIT #3
HIGHLAND BEACH FL 33487
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number
59-3046773

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

**STEPI CONDO ASSOCIATION
1019 RUSSELL DRIVE
UNIT #3
HIGHLAND BEACH FL 33487**

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 (if applicable)

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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 **D**
STREET ADDRESS **ZIDORIN, JACK**
CITY- ST- ZIP **1019 RUSSEL DRIVE, UNIT #2
HIGHLAND BEACH FL 33587**

☐ Change ☐ Add
U00000429988
02/22/06-80030-008 61.25

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GRAMM, DOUGLAS A**
CITY- ST- ZIP **1019 RUSSEL DRIVE, UNIT #3
HIGHLAND BEACH FL 33487**

☐ Change ☐ Add

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **IANUZZI, ALAN**
CITY- ST- ZIP **1019 RUSSEL DRIVE, UNIT #1
HIGHLAND BEACH FL 33487**

☐ Change ☐ Add

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Add

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Add

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Add

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: *Alan Iannuzzi* 2/8/06 276-51