

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001869 (5)

1. Corporation Name

HIGHLAND COURT BEL-LIDO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

SUITE 307
3700 AIRPORT ROAD
BOCA RATON FL 33431

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3700 AIRPORT ROAD
BOCA RATON FL 33431

3. Date Incorporated or Qualified
04/19/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **17619 TIFFANY TRACE DR**

26 **17619 TIFFANY TRACE DR**

4. FEI Number

☒ Applied For
☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

22 City & State

27 City & State

23 **BOCA RATON FL**

28 **BOCA RATON FL**

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

33487

USA

33487

USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FILINGS INC.
3732 N.W. 18TH STREET
FORT LAUDERDALE FL 33311**

81 Name **DOMINICK A. CONTE**

82 Street Address (P.O. Box Number is Not Acceptable)

17619 TIFFANY TRACE DR

83

84 City **BOCA RATON**

FL

85 Zip Code **33487**

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

DOMINICK A. CONTE, P.

DOMINICK A. CONTE

4/29/96

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 **D** ☐ DELETE
NAME **CONTE, DOMINICK**
STREET ADDRESS **17619 TIFFANY TRACE DRIVE**
CITY-ST-ZIP **BOCA RATON FL 33487**

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **CONTE, ANNE**
STREET ADDRESS **17619 TIFFANY TRACE DRIVE**
CITY-ST-ZIP **BOCA RATON FL 33487**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **CONTE, JOSEPH**
STREET ADDRESS **17619 TIFFANY TRACE DRIVE**
CITY-ST-ZIP **BOCA RATON FL 33487**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **IMBRIALE, STEFANIE**
STREET ADDRESS **9390 BOCA RIVERS CIRCLE**
CITY-ST-ZIP **BOCA RATON FL 33434**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **HARPER, PAULETTE**
STREET ADDRESS **9648 63RD TRAIL SOUTH**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

DOMINICK A. CONTE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

407 994 4474

DATE

Daytime Phone #

CR2E037 (12/95)