

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

17619 TIFFANY TRACE DR.
BOCA RATON FL 3348717619 TIFFANY TRACE DR.
BOCA RATON FL 33487-12243. Date Incorporated or Qualified
04/19/19953a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 1103 HIGHLAND BEACH DR.

26 1103 HIGHLAND BEACH DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

APPLIED FOR 65-0728344

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

22 City & State

27 City & State

23 HIGHLAND BEACH FL

28 HIGHLAND BEACH FL

Zip

Country

Zip

Country

24 33487

25 USA

29 33487

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONTE, DOMINICK A.
17619 TIFFANY TRACE DR.
BOCA RATON FL 33487

81 Name

CONTE, DOMINICK A.

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

1103 HIGHLAND BEACH DR.

83

84 City

HIGHLAND BEACH

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 Dominick A. CONTE

2/24/97

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	<input type="checkbox"/> DELETE
NAME	CONTE, DOMINICK	
STREET ADDRESS	17619 TIFFANY TRACE DRIVE	
CITY - ST - ZIP	BOCA RATON FL 33487	

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CONTE, DOMINICK	
1.3 STREET ADDRESS	1103 HIGHLAND BEACH DR	
1.4 CITY - ST - ZIP	HIGHLAND BEACH FL 33487	

TITLE	D	<input type="checkbox"/> DELETE
NAME	CONTE, ANNE	
STREET ADDRESS	17619 TIFFANY TRACE DRIVE	
CITY - ST - ZIP	BOCA RATON FL 33487	

2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CONTE, ANN	
2.3 STREET ADDRESS	1103 HIGHLAND BEACH DR.	
2.4 CITY - ST - ZIP	HIGHLAND BEACH FL 33487	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CONTE, JOSEPH	
STREET ADDRESS	17619 TIFFANY TRACE DRIVE	
CITY - ST - ZIP	BOCA RATON FL 33487	

3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KUTNO, MICHAEL	
3.3 STREET ADDRESS	1105 HIGHLAND BEACH DR	
3.4 CITY - ST - ZIP	HIGHLAND BEACH FL 33487	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	IMBRIALE, STEFANIE	
STREET ADDRESS	9390 BOCA RIVERS CIRCLE	
CITY - ST - ZIP	BOCA RATON FL 33434	

4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	STRONG, DR MICHAEL	
4.3 STREET ADDRESS	1107 HIGHLAND BEACH DR	
4.4 CITY - ST - ZIP	HIGHLAND BEACH FL 33487	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HARPER, PAULETTE	
STREET ADDRESS	9648 63RD TRAIL SOUTH	
CITY - ST - ZIP	BOYNTON BEACH FL 33437	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 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 Dominick A. CONTE 2/24/97 561-9944474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0039594

CR2E037 (9/96)