

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 758312

**FILED**  
**Jan 09, 2020**  
**Secretary of State**  
**0989222142CC**

**Entity Name:** HIGH POINT OF DELRAY WEST CONDOMINIUM ASSOCIATION SECTION 3, INC.

**Current Principal Place of Business:**

5185 NESTING WAY  
DELRAY BEACH, FL 33484

**Current Mailing Address:**

5185 NESTING WAY  
DELRAY BEACH, FL 33484 US

**FEI Number: 59-2205357**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

STIVELMAN, ALESSANDRA ESQ.  
PRESIDENTIAL CIRCLE  
4000 HOLLYWOOD BLVD SUITE 265-S  
HOLLYWOOD, FL 33021 US

*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: ALESSANDRA STIVELMAN**

**01/09/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           COPPOLA, JOHN  
Address        5185 NESTING WAY  
City-State-Zip: DELRAY BEACH FL 33484

Title           SECRETARY  
Name           MISIANO, VIRGINIA  
Address        5185 NESTING WAY  
City-State-Zip: DELRAY BEACH FL 33484

Title           PRESIDENT  
Name           DIPAULO, SALVATORE  
Address        5185 NESTING WAY  
City-State-Zip: DELRAY BEACH FL 33484

Title           DIRECTOR  
Name           DALEY, WILLIAM  
Address        5185 NESTING WAY  
City-State-Zip: DELRAY BEACH FL 33484

Title           DIRECTOR  
Name           FLAKS, BRIAN  
Address        5185 NESTING WAY  
City-State-Zip: DELRAY BEACH FL 33484

Title           VP  
Name           EPSTEIN, GENE  
Address        5185 NESTING WAY  
City-State-Zip: DELRAY BEACH FL 33484

Title           DIRECTOR  
Name           RONCALLO, ZORAYA  
Address        5185 NESTING WAY  
City-State-Zip: DELRAY BEACH FL 33484

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: SALVATORE DIPAULO**

**PRESIDENT**

**01/09/2020**

Electronic Signature of Signing Officer/Director Detail

Date