

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 758312

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

**FILED**  
**Apr 29, 2022**  
**Secretary of State**  
**8665763252CC**

**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:**

KAYE BENDER REMBAUM, P.L.  
1200 PARK CENTRAL BLVD., SOUTH  
POMPANO BEACH, FL 33064 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

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

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

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

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

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

Title           DIRECTOR  
Name           KICKEY, ROBERT  
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: GENE EPSTEIN**

**PRESIDENT**

**04/29/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date