

2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 758312

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

FILED
Jan 22, 2018
Secretary of State
CC3719671893

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

01/22/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

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

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

Title DIRECTOR
Name COPPOLA, JOHN
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: HAYEK , GEORGE

PRESIDENT

01/22/2018

Electronic Signature of Signing Officer/Director Detail

Date