

**2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 758312

**FILED  
Nov 15, 2016  
Secretary of State  
CC8207266728**

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

**Current Principal Place of Business:**

C/O PHIL CITTADINO MANAGEMENT, INC.  
601 N CONGRESS AVENUE SUITE 110-B  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

C/O PHIL CITTADINO MANAGEMENT, INC.  
601 N CONGRESS AVENUE SUITE 110-B  
DELRAY BEACH, FL 33445 US

**FEI Number: 59-2205357**

**Certificate of Status Desired: No**

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

NASH, CELENA R ESQ.  
GLAZER & ASSOCIATES, PA  
ONE EMERALD PLACE 3113 STIRLING ROAD # 201  
FORT LAUDERDALE, FL 33312 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: CELENA R NASH ESQ**

**11/15/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            FLYNN, JOHN H III  
Address        14130 NESTING WAY # B5061  
                  NESTING WAY-D  
City-State-Zip: DELRAY BEACH FL 33484

Title            VP/T  
Name            KROLICK, RICHARD BENNET  
Address        5071 NESTING WAY-A  
City-State-Zip: DELRAY BEACH FL 33484

Title            SECRETARY  
Name            FALCONE, LISA  
Address        13929 NESTING WAY  
                  UNIT A  
City-State-Zip: DELRAY BEACH FL 33484

Title            D  
Name            DIPAOLO, SALVATORE D  
Address        5131-A NESTING WAY  
City-State-Zip: DELRAY BEACH FL 33484

Title            DIRECTOR  
Name            FRAZER, ROSEMARIE  
Address        13959 NESTING WAY-C  
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: JOHN H. FLYNN III**

**PRESIDENT**

**11/15/2016**

