

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

0034490

DOCUMENT # 705586

1. Entity Name

PENNSYLVANIA CONDOMINIUM ASSOCIATION, INC.

04-03-2002 90031 041 ****61.25

Principal Place of Business 1511 S.E. 15TH COURT DEERFIELD BCH FL 33441 US	Mailing Address 500 NE SPANISH RIVER BLVD STE #18 BOCA RATON FL 33431 US
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00000101



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2769588	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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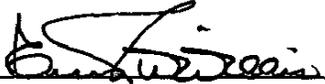
6. Name and Address of Current Registered Agent

DENK, JEAN J
500 NE SPANISH RIVER BLVD
STE #18
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name **Ernest W. Willis**
 Street Address (P.O. Box Number is Not Acceptable)
c/o Beacon Property Mgmt., Inc.
500 NE Spanish River Blvd. #18
 City **Boca Raton** **FL** Zip Code **33431**

8. 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  DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	TD <input type="checkbox"/> Delete
NAME	MILANO, MICHAEL
STREET ADDRESS	1511 SE 15TH CT #101
CITY-ST-ZIP	DEERFIELD BEACH FL 33441
TITLE	D <input type="checkbox"/> Delete
NAME	DOUGLAS, ERLE
STREET ADDRESS	1511 SE 15TH CT #303
CITY-ST-ZIP	DEERFIELD BEACH FL 33441
TITLE	D <input type="checkbox"/> Delete
NAME	MURPHY, ALVIN
STREET ADDRESS	1511 SE 15TH CT #504
CITY-ST-ZIP	DEERFIELD BEACH FL 33441
TITLE	D <input type="checkbox"/> Delete
NAME	JUNEMAN, NINA
STREET ADDRESS	1511 SE 15TH CT #301
CITY-ST-ZIP	DEERFIELD BEACH FL 33441
TITLE	D <input type="checkbox"/> Delete
NAME	LORENZO, MICHAEL
STREET ADDRESS	1511 SE 15TH CT
CITY-ST-ZIP	DEERFIELD BEACH FL 33441
TITLE	VD <input checked="" type="checkbox"/> Delete
NAME	MURPHY, ALVIN
STREET ADDRESS	1511 SE 15TH CT #504
CITY-ST-ZIP	DEERFIELD BEACH FL 33441

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Taciuk, Edward
STREET ADDRESS	1511 SE 15th Court #205
CITY-ST-ZIP	Deerfield Beach, FL 33441
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Murphy, Alvin
STREET ADDRESS	1511 SE 15th Court #504
CITY-ST-ZIP	Deerfield Beach, FL 33441
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lorenzo, Michael
STREET ADDRESS	1511 SE 15th Court #503
CITY-ST-ZIP	Deerfield Beach, FL 33441
TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Formicola, Michael
STREET ADDRESS	1511 SE 15th Court #102
CITY-ST-ZIP	Deerfield Beach, FL 33441

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE _____ DAYTIME PHONE # _____

CR2E037 (9/01)