

2001 UNIFORM BUSINESS REPORT (UBR)

5/ **FILED**
Jun 15, 2001 8:00 am
Secretary of State

05-17-2001 91294 023 ****61.25

DOCUMENT # 706101

1. Entity Name

THE ROGERS HOUSE CONDOMINIUM INCORPORATED

Principal Place of Business

850 N.E. SPANISH RIVER BLVD.
 BOCA RATON FL 33431

Mailing Address

850 N.E. SPANISH RIVER BLVD.
 BOCA RATON FL 33431

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1089521

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MENA, GERONIMO
850 N.E. SPANISH RIVER BLVD
BOCA RATON FL 33431

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Geronimo Meno
 Signature, typed or printed name of registered agent and title if applicable

Manager
 (NOTE: Registered Agent signature required when reinstating)

May 1, 2001
 DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KAPLAN, HARVEY	
STREET ADDRESS	850 NE SPANISH RIVER BLVD.	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	<i>President</i>	<input type="checkbox"/> Delete
NAME	PELISH, JAMES	
STREET ADDRESS	850 NE SPANISH RIVER BLVD.	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MILES, GLADYS	
STREET ADDRESS	850 N.E. SPANISH RIVER BL	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	<i>Vice Pres</i>	<input type="checkbox"/> Delete
NAME	BRADY, JOHN A	
STREET ADDRESS	850 NE SPANISH RIVER BLVD.	
CITY-ST-ZIP	BOCA RATON, FL 00000 33431	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SLINGO, JEAN	
STREET ADDRESS	850 NE SPANISH RIVER BLVD.	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ARNOUIL, SALLY	
STREET ADDRESS	850 NE SPANISH RIVER BLVD	
CITY-ST-ZIP	BOCA RATON FL 33431	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10-

TITLE	<i>Secretary</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pirkko Pelkonen	
STREET ADDRESS	SAME AS CORP.	
CITY-ST-ZIP		
TITLE	<i>Treasurer</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Madeleine Dillon	
STREET ADDRESS	SAME AS CORP.	
CITY-ST-ZIP		
TITLE	<i>Director Member</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kathy Petersen	
STREET ADDRESS	SAME AS CORP.	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 (10/00)