

DOCUMENT # 709913

Entity Name

PROPERTY HOUSE, INC. A CONDOMINIUM

Principal Place of Business

RIDGE ROAD
FL 33462

Mailing Address

722 N RIDGE RD
APT 9
LANTANA FLA 33462-1527
US

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number
23-7424298

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

Name

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

City

FL

Zip Code

SIBURN, EUGENE J
722 RIDGE RD #9
LANTANA FL 33462

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

OFFICERS AND DIRECTORS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
DT ☐ Delete SIBURN, EUGENE J 722 RIDGE RD #9 LANTANA, FL 00000	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY - ST - ZIP
D ☐ Delete SINKFONEN, HELK N 722 RIDGE RD APT S LANTANA FL 33462	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY - ST - ZIP
VP ☐ Delete PERSLIN, ANITA 722 RIDGE RD 14 LANTANA FL 32462	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY - ST - ZIP
P ☐ Delete SILVER, ARVID 728 RIDGE ROAD #23 LANTANA, FL 00000	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY - ST - ZIP
T ☐ Delete LAMPE, HILKA 728 RIDGE RD #25 LANTANA, FL 00000	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY - ST - ZIP
D ☒ Delete JOMO, HAZEL 722 RIDGE RD #12 LANTANA, FL 00000	☒ Change ☐ Addition 511 JA GHANAM 722 RIDGE RD, APT. 8 LANTANA FLA 33462

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #