

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713963

1. Entity Name

PENTHOUSE DELRAY ASSOCIATION INC.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90048 002 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1910 SOUTH OCEAN BLVD.  
DELRAY BEACH FL 33483

1910 SOUTH OCEAN BLVD.  
DELRAY BEACH FL 33483-6425



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1231507

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MOLLENGARDEN, PETER C ESQ  
C/O BECKER & POLAIKOFF, P.A.  
500 AUSTRALIAN AVE. SO., 9TH FLOOR  
WEST PALM BEACH FL 33401

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	RIENOW, PEGGY	1910 SOUTH OCEAN BLVD.	DELRAY BEACH FL 33483	<input type="checkbox"/>
VP	ECHTERMEYER, BILL	1910 SOUTH OCEAN BLVD.	DELRAY BEACH FL 33483	<input type="checkbox"/>
S	JOHNSON, DEBRA	1910 SOUTH OCEAN BLVD.	DELRAY BEACH FL 33483	<input type="checkbox"/>
D	WYNNE, LLOYD	1910 SOUTH OCEAN BLVD.	DELRAY BEACH FL 33483	<input type="checkbox"/>
T	FRANK, DONNA	1910 SOUTH OCEAN BLVD.	DELRAY BEACH FL 33483	<input type="checkbox"/>
D	O'DONNELL, JOSEPH	1910 SOUTH OCEAN BLVD.	DELRAY BEACH FL 33483	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	JOSEPH O'DONNELL	1910 SOUTH OCEAN BLVD.	DELRAY BEACH, FL 33483	<input type="checkbox"/>	<input type="checkbox"/>
VP	GAIL DUFFILL	1910 SOUTH OCEAN BLVD	DELRAY BEACH, FL 33483	<input type="checkbox"/>	<input type="checkbox"/>
S	LILLIAN HINDR	1910 SOUTH OCEAN BLVD.	DELRAY BEACH, FL 33483	<input type="checkbox"/>	<input type="checkbox"/>
D	DEBRA JOHNSON	1910 SOUTH OCEAN BLVD	DELRAY BEACH, FL 33483	<input type="checkbox"/>	<input type="checkbox"/>
T	CLAIRE BROWNE	1910 SOUTH OCEAN BLVD.	DELRAY BEACH, FL 33483	<input type="checkbox"/>	<input type="checkbox"/>
D	DONNA FRANK	1910 SOUTH OCEAN BLVD.	DELRAY BEACH, FL 33483	<input type="checkbox"/>	<input type="checkbox"/>

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 (9/99)