

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90022 016 ****61.25

DOCUMENT # 713963

1. Entity Name

PENTHOUSE DELRAY ASSOCIATION INC.

Principal Place of Business

**1910 SOUTH OCEAN BLVD.
 DELRAY BEACH FL 33483**

Mailing Address

**1910 SOUTH OCEAN BLVD.
 DELRAY BEACH FL 33483**

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

59-1231507

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

**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 **D** ☒ Delete
 NAME **RIENOW, PEGGY**
 STREET ADDRESS **1910 SOUTH OCEAN BLVD.**
 CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **T** ☐ Change ☐ Addition
 NAME **Peggy Rienow**
 STREET ADDRESS **1910 S. Ocean Blvd.**
 CITY-ST-ZIP **Delray Beach, FL 33483**

TITLE **VP** ☒ Delete
 NAME **DUFFILL, GAIL**
 STREET ADDRESS **1910 SOUTH OCEAN BLVD.**
 CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **VP** ☐ Change ☐ Addition
 NAME **HERBERT HILLMAN**
 STREET ADDRESS **1910 SOUTH OCEAN BLVD.**
 CITY-ST-ZIP **DELRAY BEACH, FL 33483**

TITLE **S** ☒ Delete
 NAME **MINOR, LILLIAN**
 STREET ADDRESS **1910 SOUTH OCEAN BLVD.**
 CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **S** ☐ Change ☐ Addition
 NAME **Thomas Breslin**
 STREET ADDRESS **1910 S. Ocean Blvd.**
 CITY-ST-ZIP **Delray Beach, FL 33483**

TITLE **D** ☐ Delete
 NAME **JOHNSON, DEBRA**
 STREET ADDRESS **1910 SOUTH OCEAN BLVD.**
 CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **D** ☐ Change ☐ Addition
 NAME **Charles Shannon**
 STREET ADDRESS **1910 S. Ocean Blvd.**
 CITY-ST-ZIP **Delray Beach, FL 33483**

TITLE **D** ☒ Delete
 NAME **FRANK, DONNA**
 STREET ADDRESS **1910 SOUTH OCEAN BLVD.**
 CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **D** ☐ Change ☐ Addition
 NAME **Al Dal Pos**
 STREET ADDRESS **1910 S. Ocean Blvd.**
 CITY-ST-ZIP **Delray Beach, FL 33483**

TITLE **P** ☒ Delete
 NAME **O'DONNELL, JOSEPH**
 STREET ADDRESS **1910 SOUTH OCEAN BLVD.**
 CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **P** ☐ Change ☐ Addition
 NAME **Claire Browne**
 STREET ADDRESS **1910 S. Ocean Blvd.**
 CITY-ST-ZIP **Delray Beach, FL 33483**

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 #

Claire Browne 2-26-01

CR2E037 (10/00)