

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90052 044 ****61.25

DOCUMENT # 713963

1. Entity Name

PENTHOUSE DELRAY ASSOCIATION INC.

Principal Place of Business

Mailing Address

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

**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

4. FEI Number

59-1231507

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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	T	<input checked="" type="checkbox"/> Delete
NAME	RIENOW, PEGGY	
STREET ADDRESS	1910 SOUTH OCEAN BLVD.	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHANNON, CHARLES	
STREET ADDRESS	1910 SOUTH OCEAN BLVD.	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	POS, AL D	
STREET ADDRESS	1910 SOUTH OCEAN BLVD.	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, DEBRA	
STREET ADDRESS	1910 SOUTH OCEAN BLVD.	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HILLMAN, HERBERT	
STREET ADDRESS	1910 SOUTH OCEAN BLVD.	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BROWNE, CLAIRE	
STREET ADDRESS	1910 SOUTH OCEAN BLVD.	
CITY-ST-ZIP	DELRAY BEACH FL 33483	

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anthony Constand	
STREET ADDRESS	4662 Bromfield Avenue	
CITY-ST-ZIP	Virginia Beach, VA 23455	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas Breslin	
STREET ADDRESS	7 Dana Road	
CITY-ST-ZIP	Bristol, RI 02809	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christopher Johnston	
STREET ADDRESS	1910 S Ocean Blvd #206	
CITY-ST-ZIP	Delray Beach, FL 33483	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Monica Postell	
STREET ADDRESS	1910 S Ocean Blvd #332	
CITY-ST-ZIP	Delray Beach, FL 33483	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gail Duffill	
STREET ADDRESS	52 Homers Docks Road	
CITY-ST-ZIP	Yamouthport, MA 02675	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maureen Bowen	
STREET ADDRESS	1842 18 Avenue	
CITY-ST-ZIP	Greeley, CO 80631	

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: *Gail Duffill* **GAIL DUFFILL** 3-07-02 (561) 276-6994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)