

# 2001 UNIFORM BUSINESS REPORT (UBR)

3/1

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

03-16-2001 90008 043 \*\*\*\*61.25

**DOCUMENT # 720845**

1. Entity Name

**NO.1 CONDOMINIUM ASSOCIATION OF PARADISE HARBOUR**

Principal Place of Business

100 PARADISE HARBOUR BLVD.  
 NORTH PALM BCH FL 33408  
 US

Mailing Address

PARADISE HARBOUR CONDO NO. 1  
 100 PARADISE HARBOUR BLVD  
 NORTH PALM BCH FL 33408  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 506

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

54-1357778

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

**COVERT, STEPHEN**  
**100 PARADISE HARBOUR BLVD**  
**UNIT 506**  
**N PALM BEACH FL 33408**

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 use 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	<b>P D</b>	<input type="checkbox"/> Delete
NAME	<b>COVERT, STEPHEN</b>	
STREET ADDRESS	<b>100 PARADISE HARBOUR BLVD. #506</b>	
CITY-ST-ZIP	<b>NORTH PALM BEACH FL 33408</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HALRISH, NELSON</b>	
STREET ADDRESS	<b>100 PARADISE HARBOUR BLVD. #504</b>	
CITY-ST-ZIP	<b>NORTH PALM BEACH FL 33408</b>	
TITLE	<b>ST D</b>	<input type="checkbox"/> Delete
NAME	<b>BERKENFELD, SANDI</b>	
STREET ADDRESS	<b>100 PARADISE HARBOUR BLVD #409</b>	
CITY-ST-ZIP	<b>NORTH PALM BEACH FL 33408</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CUSHMAN, DON</b>	
STREET ADDRESS	<b>100 PARADISE HARBOUR BLVD</b>	
CITY-ST-ZIP	<b>NORTH PALM BEACH FL 33408</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WOITSHECK, FRED</b>	
STREET ADDRESS	<b>100 PARADISE HARBOUR BLVD</b>	
CITY-ST-ZIP	<b>NORTH PALM BEACH FL 33408</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERKENFELD, SANDI (SANDI)</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VICE PRESIDENT D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>TREASURER D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>OSCAR LEON</b>	
STREET ADDRESS	<b>100 Paradise Harbour Blvd #512</b>	
CITY-ST-ZIP	<b>North Palm Beach, FL 33408</b>	

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

3/12/01

561-882-0660

Daytime Phone #

CR2E037 (10/00)