

2000 UNIFORM BUSINESS REPORT (UBR)

3/3

DOCUMENT # 723447

1. Entity Name

PALM BEACH VILLAS CONDOMINIUM, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

03-03-2000 90227 044 ****61.25

Principal Place of Business
4201 SOUTH OCEAN BLVD.
SOUTH PALM BEACH FL 33480

Mailing Address
4201 SOUTH OCEAN BLVD.
SOUTH PALM BEACH FL 33480-5882

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
59-1576194

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

JAY STEVEN LEVINE, ESQ.
3300 PGA BLVD., STE 500
LEVINE, FRANK & EDGAR, PA
PALM BCH GARDENS FL 33410

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	SD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	BOERGER, JOSEPHINE		NAME		
STREET ADDRESS	4201 S OCEAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	S PALM BEACH FL		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	BOERGER, HARRY		NAME		
STREET ADDRESS	4201 S OCEAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	S PALM BEACH FL		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	CLARKE, HELEN		NAME		
STREET ADDRESS	4201 S OCEAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	S PALM BEACH FL		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	☐ Change	☐ Addition
NAME	FREITAG, FRAN		NAME		
STREET ADDRESS	4201 S OCEAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	SPB FL		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	WESSON, CARL		NAME		
STREET ADDRESS	4201 S OCAEN BLVD		STREET ADDRESS		
CITY-ST-ZIP	S PALM BEACH FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☒ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Josephine Boerger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/99)