2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 08, 2002 8:00 am § Secretary of State DOCUMENT # **725429** 1. Entity Name WESTPORT CONDOMINIUM, ASSOCIATION INC 05-08-2002 90014 004 ****61.25 Principal Place of Business Mailing Address 912 NORTHLAKE DRIVE C/O-PRIDE-PROPERTY-MGMT NO. PALM BEACH FL 33408 JUPITER FL 00458 LIS 2. Principal Place of Business 3. Mailing Address P.O. 00× ા(ઝ9 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-1670047 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired <u>ر</u>ر Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PIECEWICZ, ALAN Street Address (P.O. Box Number is Not Acceptable) C/O PRIDE PROPERTY MANAGEMENT 111 EGRET DRIVE City JUPITER FL 33458 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE ☐ Addition NAME HICKS, CHARLES NAME STREET ADDRESS 312 NORTHLAKE DRIVE #202 STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH FL 33408 CITY-ST-ZIP PΠ TITLE Delete TITLE ☐ Change ☐ Addition NAME RICE, SCOTT NAME STREET ADDRESS 312 NORTHLAKE DRIVE #202 STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH FL CITY-ST-ZIP Delete TITLE ☐ Addition Change Laman, Harold NAME STREET ADDRESS 312 NORTH LAKE DRIVE STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH FL 33408 CITY-ST-ZIP Delete TITLE Change ☐ Addition COZZAN, DAVE NAME COZZAN DAKE STREET ADDRESS 312 MORTHLAKE DL. \$205 M. PALM BEACH FL 33408 312 N LAKE DR #205 STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH FL 33408 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NEVILLE, WILLIAM NAME NAME

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 on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIE

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

4-20-02

MoletuLAKE OR.

☐ Change

Addition