

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733141

1. Entity Name

NEWTH GARDENS ASSOCIATION, INC.

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90005 043 ****61.25

Principal Place of Business

Mailing Address

1040 BANYAN ROAD
BOCA RATON FL 33432

1040 BANYAN ROAD
BOCA RATON FL 33432-7683

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1229087

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BECKER, POLIAKOFF & STREITFELD, P.A.
3111 STIRLING ROAD
P.O. BOX 9057
FT. LAUDERDALE FL 33310-6057

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 ☐ Delete
NAME **P**
STREET ADDRESS **DEVORKEN, MARY**
CITY-ST-ZIP **1040 BANYAN RD, 402C**
BOCA RATON FL 33432

TITLE ☐ Change ☐ Addition
NAME **Pres**
STREET ADDRESS **DEVORKEN, MARY**
CITY-ST-ZIP **1040 Banyan Rd-402C**
Boca Raton, FL 33432

TITLE ☒ Delete
NAME **V**
STREET ADDRESS **WAX, RITA**
CITY-ST-ZIP **1099 S OCEAN BLVD, 202S**
BOCA RATON, FL 00000

TITLE ☒ Change ☐ Addition
NAME **VP-Treas**
STREET ADDRESS **ROBINSON, RICHARD**
CITY-ST-ZIP **1040 Banyan Rd-501C**
Boca Raton, FL 33432

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **CONNELL, PATRICIA**
CITY-ST-ZIP **1001 E. CAMINO REAL, 503N**
BOCA RATON FL 33432

TITLE ☐ Change ☐ Addition
NAME **Secy**
STREET ADDRESS **CONNELL, PATRICIA**
CITY-ST-ZIP **1001 E. Camino Real-503N**
Boca Raton, FL 33432

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **LEONE, AUGUST J.**
CITY-ST-ZIP **1001 E. CAMINO REAL, 107N**
BOCA RATON FL 33432

TITLE ☒ Change ☐ Addition
NAME **Dir**
STREET ADDRESS **DUNLEA, JUNE**
CITY-ST-ZIP **1099 S. Ocean Blvd-203S**
Boca Raton, FL 33432

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **HARPOOTIAN, JACOB**
CITY-ST-ZIP **1099 S OCEAN BLVD, 506S**
BOCA RATON FL 33432

TITLE ☒ Change ☐ Addition
NAME **Dir**
STREET ADDRESS **WITHROW, ELIZABETH**
CITY-ST-ZIP **1001 E. Camino Real-401N**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **KAZARIAN, KACHADOOR N.**
CITY-ST-ZIP **1001 E. CAMINO REAL, 501N**
BOCA RATON FL 33432

TITLE ☒ Change ☐ Addition
NAME **Dir**
STREET ADDRESS **ALFRED PISCIOTTA**
CITY-ST-ZIP **1001 E. Camino Real-504N**
Boca Raton, FL 33432

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

3/9/00 (561) 391-5262

Date

Daytime Phone #

CR2E037 (9/99)