

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2003 8:00 am
Secretary of State

004334

DOCUMENT # 738019

1. Entity Name

SAXONY I ASSOCIATION, INC.



05-16-2003 90173 041 ****61.25

Principal Place of Business

**C/O PRIME MANAGEMENT GROUP, INC.
6300 PARK OF COMMERCE BLVD
BOCA RATON FL 33487
US**

Mailing Address

**C/O PRIME MANAGEMENT GROUP, INC.
6300 PARK OF COMMERCE BLVD
BOCA RATON FL 33487
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1759730**

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

**GIRSHEK, ABRAHAM
388 SAXONY I
DELRAY BEACH FL 33446**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **GIRSHEK, ABRAHAM**
STREET ADDRESS **388 SAXONY I**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE **Sec** ☐ Change ☒ Addition
NAME **Joyce Katz**
STREET ADDRESS **390 SAXONY I**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **D** ☒ Delete
NAME **WEINGARDEN, LOUIS**
STREET ADDRESS **415 SAXONY I**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE **Dir** ☐ Change ☒ Addition
NAME **Seymour Browkowsky**
STREET ADDRESS **416 SAXONY I**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **SD** ☒ Delete
NAME **WEINGARDEN, LOUIS**
STREET ADDRESS **415 SAXONY I**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Delete
NAME **KORMAN, MURRAY**
STREET ADDRESS **421 SAONXY I**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SEREBRENICK, PHILIP**
STREET ADDRESS **386 SAXONY I**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **ROSENFELD, MATTHEW**
STREET ADDRESS **400 SAXONY I**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Matthew Rosenfeld
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/03 499-6025
Date Florida Phone #

CR2E037 (10/02)