

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90011 028 ****61.25

DOCUMENT # 739244

1. Entity Name

SAXONY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6300 PARK OF COMMERCE BLVD
 BOCA RATON FL 33487
 US

6300 PARK OF COMMERCE BLVD
 BOCA RATON FL 33487-8229
 US

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

59-1756728

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

LICHTEN, ELINOR
SAXONY E 215 KINGS POINT
DELRAY BCH 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.

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 **VPD GNATT, JACK**
 STREET ADDRESS **113 SAXONY C**
 CITY-ST-ZIP **DELRAY BEACH, FL 00000 33446**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD LICHTEN, ELINOR**
 STREET ADDRESS **E 215**
 CITY-ST-ZIP **DELRAY BEACH, FL 00000**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD TURETSKY, KAL**
 STREET ADDRESS **441 SAXONY J**
 CITY-ST-ZIP **DELRAY BEACH, FL 00000**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD FEIG, ABRAHAM**
 STREET ADDRESS **SAXONY F 273; KINGS PT**
 CITY-ST-ZIP **DELRAY BCH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD GARBER, LOU**
 STREET ADDRESS **269 SAXONY F-KINGS POINT**
 CITY-ST-ZIP **DELRAY BEACH FL**

TITLE Change Addition
 NAME **SD MANNING ANNA ROSE**
 STREET ADDRESS **167 SAXONY D**
 CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE Delete
 NAME **STD POLLACK LEONARD**
 STREET ADDRESS **553 SAXONY L**
 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:

Elinor Lichten
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/00 561-499-235
 Date Daytime Phone #