

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91464 041 ****61.25

DOCUMENT # 739781

1. Entity Name

P. T. V. HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

10500 GREEN TRAIL DR. NORTH
 BOYNTON BEACH FL 33436

10500 GREEN TRAIL DR. NORTH
 BOYNTON BEACH FL 33436

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

59-1981045

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEBER, SHARON A. E BECKER
500 AUSTRALIAN AVE.
9TH FLOOR
WEST PLAM BEACH FL 33401

Name: **Michael J. Gelfand** *66 GELFANDS ARPE, P.A.*
 Street Address (P.O. Box Number is Not Acceptable):
One Clearlake Centre
250 South Australian Ave. Suite 1010
 City: **West Palm Beach, FL** Zip Code: **33401-5014**

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: *Michael J. Gelfand* **MICHAEL J. GELFAND** **4/16/02**
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 NAME STREET ADDRESS CITY-ST-ZIP | P REINER, RICHARD 10657 GREENTRAIL DR S BOYNTON BEACH FL 33436 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD THOMPSON, RICHARD 10499 GREENTRAIL DR N BOYNTON BEACH FL 33436 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD STEPHENS, JACK 10418 VEREDA CIRCLE BOYNTON BEACH FL 33436 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD GOLNICK, GLORIA H 10974 GREENTRAIL DR S BOYNTON BEACH FL 33436 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD LAPORTE, RICHARD 10281 GREENTRAIL DRIVE NORTH BOYNTON BEACH FL 33436 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VDT WENNERHOLT, JOAN 10619 GREENTRAIL DRIVE SOUTH BOYNTON BEACH FL 33436 | <input type="checkbox"/> Delete |

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD Richard Reiner 10657 Greentrail Dr. S. Boynton Beach, FL 33436 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D Richard Thompson 10499 Greentrail Dr. N. Boynton Beach, FL 33436 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Richard Thompson* **RICHARD J THOMPSON** **4-10-2002** **561 737 1388**
SIGNATURE AND TITLE OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #

035591

CR2E037 (9/01)

Attachment
948360
GELFAND & ARPE, P.A. # 739781
ATTORNEYS AT LAW

MICHAEL J. GELFAND*
MARY C. ARPE

TANIQUE G. LEE
CHRISTOPHER J. SCHUSTER
LISA L. CARLTON

* BOARD CERTIFIED REAL ESTATE LAWYER

ONE CLEARLAKE CENTRE
250 SOUTH AUSTRALIAN AVE.
SUITE 1010
WEST PALM BEACH, FL 33401-5014

(561) 655-6224
WEST PALM BEACH

1-800-355-6224
BROWARD/BOCA RATON
FACSIMILE (561) 655-1361
www.gelfandarpe.com

BY APPOINTMENT:

COMPSON FINANCIAL CENTER
980 NORTH FEDERAL HIGHWAY
SUITE 434
BOCA RATON, FL

REPLY TO WEST PALM BEACH

April 17, 2002

Division of Corporations
Registered Agents Section
P.O. Box 6327
Tallahassee, Florida 32314

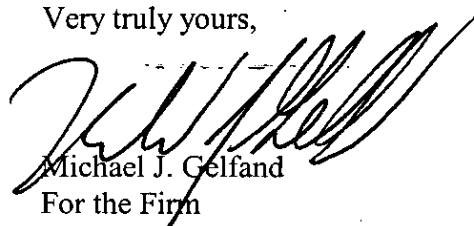
**Re: P.T.V. Homeowners Association, Inc.
/Registered Agent Change**

To Whom It May Concern:

Enclosed is P.T.V. Homeowners Association, Inc.'s Statement of Change of Registered Office or Registered Agent, or Both, and the Association's check number 5089 in the amount of \$61.25 payable to: Division of Corporations.

Please accept these items for filing. When processed, please confirm the change of the registered agent.

Very truly yours,



Michael J. Gelfand
For the Firm

MJG/uf

Enclosures

cc: P.T.V. Homeowners
Association, Inc.(w/encl.)

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