

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 12, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90324 001 15,006.25

**DOCUMENT # 740836**  
 1. Entity Name  
**VENTNOR "P" CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business VENTNOR P-1071 CENTURY VILLAGE EAST DEERFIELD BEACH FL 33442	Mailing Address VENTNOR P-1071 CENTURY VILLAGE EAST DEERFIELD BEACH FL 33442-2410
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. <b>SAME</b>	3. Mailing Address Suite, Apt. #, etc. <b>SAME</b>
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City & State <b>SAME</b>	City & State <b>SAME</b>	4. FEI Number <b>59-1922125</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33442</b>	Country <b>USA</b>	Zip <b>33442</b>	Country <b>USA</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
**CONDOMINIUM OWNERS ORGANIZATION C.V.E. INC**  
**3501 WEST DRIVE**  
**DEERFIELD BCH FL 33442-2085**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW:</b> FEE IS \$81.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>BEARMAN, EPHRAIM J</b> <b>VENTNOR P 3065</b> <b>DEERFIELD BEACH FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>BORER, HERMAN</b> <b>VENTNOR P 1071</b> <b>DEERFIELD BCH FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BIRNBAUM, ADOLPH</b> <b>3068 VENTOR P</b> <b>DEERFIELD BCH FL 33442</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>REICH, IRVING</b> <b>VENTNOR P-4072</b> <b>DEERFIELD BCH FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LICHTER, LOU</b> <b>4071 VENTNOR P</b> <b>DEERFIELD BEACH FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KAPLAN, GEORGE</b> <b>VENTNOR P 1064</b> <b>DEERFIELD BEACH FL</b> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>LOUIS SAMES</b> <b>1065 VENTNOR - P</b> <b>DEERFIELD BEA. FLA</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WARREN KAUFMAN</b> <b>4062 VENTNOR - P</b> <b>DEERFIELD BEA. FLA.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LEONORE CHATZKY</b> <b>4072 VENTNOR - P</b> <b>DEERFIELD BEA FLA.</b> <input type="checkbox"/> Change <input checked="" 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	<b>V.P.</b> <b>KAPLAN GEORGE</b> <b>VENTNOR - P - 1064 (VICE)</b> <b>DEERFIELD BEA FLA. PRES.</b> <input checked="" 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: SIGNATURE REQUIRED (President) 1/6/00 954 431-8472  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPREC037 (9/99)