

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745484

1. Entity Name

TREEBERRY TOWNHOUSE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O PROPERT MGMT. RESOURCES  
4000 S. 57 AVE. STE. 101  
LAKE WORTH FL 33463

C/O PROPERT MGMT. RESOURCES  
4000 S. 57 AVE. STE. 101  
LAKE WORTH FL 33463

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

51-0249342

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

FLATON, JERRY  
4000 S. 57 AVE.  
SUITE 101  
LAKE WORTH FL 33463

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 NAME STREET ADDRESS CITY-ST-ZIP	PD LINAN, PEDRO 4201 TURNBERRY CR #701 LAKE WORTH FL 33467	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GORMAN, GRICELL 4201 TURNBERRY CR, #202 LAKE WORTH FL 33467	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BENDER, PATRICIA 4205 TURNBERRY CR, #601 LAKE WORTH FL 33467	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CORDOBA, YOLANDA 4231 TURNBERRY CT, #4 LAKE WORTH FL 33467	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARKINS, HILDA 4231 TURNBERRY CR, #1 LAKE WORTH FL 33467	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALSH, JOHN 4211 TURNBERRY circle #0503 LAKE WORTH, FL. 33467	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENDER PATRICIA 4205 TURNBERRY CR #601 LAKE WORTH, FL. 33467	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JENKS, DEBORAH 4211 TURNBERRY circle #0503 LAKE WORTH, FL. 33467	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSADO, CINDY 4205 TURNBERRY circle #0604 LAKE WORTH, FL. 33467	<input type="checkbox"/> Change <input checked="" 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: *Patricia Bender* (Patricia Bender)

FILED  
Feb 19, 2002 8:00 am  
Secretary of State

02-19-2002 90015 047 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)