

# 2002 UNIFORM BUSINESS REPORT (UBR)

0011425

DOCUMENT # 746341

1. Entity Name

DELRAY VILLAS PLAT NO. 1 HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PO BOX 7228  
DELRAY BEACH FL 33482  
US

PO BOX 7228  
DELRAY BEACH FL 33482  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOLLENGARDEN, PETER C ESQ.  
BECKER & POLLAKOFF, P.A.  
500 AUSTRALIAN AVENUE SOUTH, 9TH FLOOR  
W. PALM BEACH FL 33401

Name

GERSTIN, JOSHUA G P.A.

Street Address (P.O. Box Number is Not Acceptable)

1515 N. Federal Highway

Suite 300

City

Boca Raton

FL

Zip Code

33432

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

After September 13, 2002,  
min. will be \$236.25.

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	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	BIRNBAUM, RHODA	14337 CAMPANELLI DR	DELRAY BEACH FL 33484	<input checked="" type="checkbox"/>	PD	ALSTON, DAVID	14346 CAMPANELLI DR	DELRAY BEACH FL 33484	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	SCHORR, JUDITH	14248 ALTOCEDRO DR	DELRAY BEACH FL 33484	<input checked="" type="checkbox"/>	VD	FRIEDENRICH, DANIEL	14251 EL CLAVEL WAY	DELRAY BEACH FL 33484	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	FEVERMAN, JACK	14088 CAMPANELLE DR	DELRAY BEACH FL 33484	<input checked="" type="checkbox"/>	SD	SIEGEL, DOROTHY	14219 EL CLAVEL WAY	DELRAY BEACH FL 33484	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	PASTERNAK, A ROBERT	14034 CAMPANELLI DR	DELRAY BEACH FL 33484	<input checked="" type="checkbox"/>	TD	OSTROFF, GERTRUDE	14387 AMAPOLA DR	DELRAY BEACH FL 33484	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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FILED

02 OCT -3 PM 4:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

04-18-02 90483 025 \$61-25

4. FEI Number

59-2079264

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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 67, 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: DAVID ALSTON SIGNATURE REQUIRED