

DOCUMENT # 146375

1. Entity Name

DEAUVILLE VILLAGE CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

01-19-2000 90217 049 ****61.25

Principal Place of Business

6575 SOUTH ORIOLE BLVD.
DELRAY BEACH FL 33446

Mailing Address

6575 SOUTH ORIOLE BLVD.
DELRAY BEACH FL 33446-1307

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

59-1897844

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ST. JOHN, DAVID
 500 AUSTRALIAN AVENUE SOUTH, SUITE 600
 SUITE 600
 WEST PALM BEACH FL 33401

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

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

TITLE	DT	☐ Delete
NAME	HELFAND, MAX	
STREET ADDRESS	14873 CUMBERLAND DR	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	P	☐ Delete
NAME	BERGER, BERNIE	
STREET ADDRESS	14823 CUMBERLAND DRIVE	
CITY-ST-ZIP	DELRAY BCH FL 33446	
TITLE	SD	☒ Delete
NAME	KUSHEL, NATHAN	
STREET ADDRESS	6675 S ORIOLE BLVD	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	V	☒ Delete
NAME	SELIGSON, MIMI	
STREET ADDRESS	14823 CUMBERLAND DRIVE	
CITY-ST-ZIP	DELRAY BCH FL 33446	
TITLE	V	☐ Delete
NAME	TABAK, MEYER	
STREET ADDRESS	6650 SO. ORIOLE BLVD.	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☒ Change ☐ Addition
NAME	BERGER, BERNARD	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP D	☐ Change ☒ Addition
NAME	GOODMAN, GILBERT	
STREET ADDRESS	14747 Cumberland Drive	
CITY-ST-ZIP	Delray Beach, FL. 33446 C306	
TITLE	VP D	☐ Change ☒ Addition
NAME	DANIEL GLASBERG	
STREET ADDRESS	6525 So. Oriole Blvd. J105	
CITY-ST-ZIP	Delray Beach, FL. 33446	
TITLE	Secretary D	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CH2E037 (9/99)