

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90030 033 ****61.25

0053574

DOCUMENT # 746375

1. Entity Name

DEAUVILLE VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

6575 SOUTH ORIOLE BLVD.
DELRAY BEACH FL 33446

Mailing Address

6575 SOUTH ORIOLE BLVD.
DELRAY BEACH FL 33446

501410



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1897844

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ST. JOHN, DAVID
500 AUSTRALIAN AVENUE SOUTH, SUITE 600
SUITE 800
WEST PALM BEACH FL 33401

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

Max Helfand Treas

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Jun 10, 2001

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
D
HELFAHD, MAX
14873 CUMBERLAND DR
DELRAY BCH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BERGER, BERNARD
14823 CUMBERLAND DRIVE
DELRAY BCH FL 33446 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
AL BASSON
6650 So. Oriole Blvd.
Delray Beach, FL. 33446 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
GOODMAN, GILBERT
14747 CUMBERLAND DRIVE C306
DELRAY BEACH FL 33446 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
GLASBERG, DANIEL
6525 S ORIOLE BLVD J105
DELRAY BCH FL 33446 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
TABAK, MEYER
6650 SO. ORIOLE BLVD.
DELRAY BEACH FL 33446 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECY
DELORES COLUMBIA
14723 Cumberland Dr.
Delray Beach, FL. 33446 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

Max Helfand Treas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jun 10, 2001 564 99 8078

CR2E037 (10/00)