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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2002 8:00 am
Secretary of State
01-16-2002 90079 007 ****61.25

DOCUMENT # 746375

1. Entity Name

DEAUVILLE VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6575 SOUTH ORIOLE BLVD. DELRAY BEACH FL 33446	6575 SOUTH ORIOLE BLVD. DELRAY BEACH FL 33446

DO NOT WRITE IN THIS SPACE

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	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: ED DICKER, KRIVOK & STOLOFF PA Street Address (P.O. Box Number is Not Acceptable): 1818 Australian Ave. SO Suite 400 City: West Palm Beach FL Zip Code: 33409

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 Jan 9, 2002

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	D HELFAND, 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 BASSON, AL 6650 S ORIOLE BLVD DELRAY BEACH FL 33446	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT ISADORE SOLOMON 14797 Cumberland Dr. Delray Beach, FL 33446 N101	☐ 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	VICE PRESIDENT BERNARD BERGER 14823 Cumberland Dr. DELRAY BEACH, FL 33446 M107	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD COLUMBIA, DELORES 14723 CUMBERLAND DRIVE DELRAY BEACH FL 33446	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY SHIRLEY ROSS 14873 Cumberland Dr. Delray Beach, FL 33446 K108	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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 MAX HELFAND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 9, 2002 (Date) 561 499 8078 (Daytime Phone #)