2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State
01-10-2003 90206 049 ****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

700048O2

☐ CHECK HERE IF MAKING CHANGES

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
ED DICKER, KRIVOK & STOLOFF PA 1818 AUSTRALIAN AVE 50 STE 400 WEST PALM BEACH FL 33409	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Max Helfand Treas — Jan 6, 2003
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 Florida 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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SOLOMAN, ISADORE 14797 CUMBERLAND DR N 101 DELRAY BEACH FL 33446	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD GOODMAN, GILBERT 14747 CUMBERLAND DRIVE C306 DELRAY BEACH FL 33446	X☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP PRESIDENT STANLEY ETTIN 6650 SO. ORIOLE BLVD. E104 DELRAY BEACH, FL. 33446	☐ Change X☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BERGER, BERNARD 14823 CUMMERLAND DR M107 DELRAY BCH FL 33446	X☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP V.P. BEN SIFER 6625 SO ORIOLE BLVD. G103 DELRAY BEACH, FL 33446	☐ Change X☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ROSS, SHIRLEY 14873 CUMMERLAND DR K108 DELRAY BEACH FL 33446	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/02)

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 — Jan 6, 2003 — 561 499-8078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR