

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746426

1. Entity Name

GLENVIEW PALMS CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90014 028 ****61.25

Principal Place of Business

Mailing Address

433 SW 8TH ST
BOCA RATON FL 33432

433 SW 8TH ST
BOCA RATON FL 33432-5748

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

59-1924323

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

EDWARD CRACKEL
433 S.W. 8TH ST., APT. B
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

JAMES KING

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

433 SW 8th St., #G

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.

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 | PD | <input checked="" type="checkbox"/> Delete |
| NAME | CRACKEL, EDWARD | |
| STREET ADDRESS | 433 S.W. 8TH STREET | |
| CITY-ST-ZIP | BOCA RATON, FL 00000 | |
| TITLE | STD | <input checked="" type="checkbox"/> Delete |
| NAME | KING, WATT | |
| STREET ADDRESS | 433 SW 8TH ST | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | HEBDEN, JOAN | |
| STREET ADDRESS | 433 SW 8TH ST. | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | King, James | |
| STREET ADDRESS | 433 SW 8th St., #G | |
| CITY-ST-ZIP | Boca Raton, FL 33432 | |
| TITLE | STD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Seibert, Nina | |
| STREET ADDRESS | 433 SW 8th St., #F | |
| CITY-ST-ZIP | Boca Raton, FL 33432 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

James O. King
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-26-2000 561-393-4641

CR2E037 (9/99)