

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 15, 2001 8:00 am
Secretary of State

06-15-2001 90170 014 ****61.25

DOCUMENT # 749809

1. Entity Name

CASTEL DEL MAR HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

7490 CHAMPAGNE PL.
BOCA RATON FL 33433

7490 CHAMPAGNE PL.
BOCA RATON FL 33433

A0073437



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 **59-2381360**

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

BRUCKNER, MARION
7475 CHAMPAGNE PL
BOCA RATON FL 33433

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

Marion Bruckner

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	TD	<input type="checkbox"/> Delete
NAME	BRUCKNER, MARION J.	
STREET ADDRESS	7475 CHAMPAGNE PLACE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LAZURUS, BARRY	
STREET ADDRESS	7473 CHAMPAGNE PLACE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	HEYMAN, LARRY	
STREET ADDRESS	7410 CHAMPAGNE PL	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FREE, LINDA	
STREET ADDRESS	7478 CHAMPAGNE PLACE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JENSEN, DELIA	
STREET ADDRESS	21940 PALMETTO CIRCLE N	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
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		
TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Colleen Viviani	
STREET ADDRESS	7468 Champagne Pl	
CITY-ST-ZIP	Boca Raton FL 33433	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anne Cerce	
STREET ADDRESS	7438 Champagne Pl	
CITY-ST-ZIP	Boca Raton FL 33433	
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:

Marion Bruckner
SIGNATURE REQUIRED

6-10-01 561347-7796