

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90070 010 ****61.25

DOCUMENT # 750686

1. Entity Name

THE CIRCLE PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2599 NW 56TH AVE
 LAUDERHILL FL 33313
 US

11471 W. SAMPLE RD.
 SUITE 34
 CORAL SPRINGS FL 33065-7050
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2267868

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUNDANCE PROPERTY MGMT CORP
 11471 W. SAMPLE RD. #34
 CORAL SPRINGS FL 33065

Name: ~~DAVID SCHOTTENFELD~~
 Street Address (P.O. Box Number is Not Acceptable): **7520 N.W. 5 ST. #203**
 City: **Plantation, FL 33347** 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: **DAVID SCHOTTENFELD** DATE: **4-23-00**

**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	D	<input type="checkbox"/> Delete
NAME	GERZINA, JACK	
STREET ADDRESS	7363 WEBORD TERR.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAYNES, LUCILLE	
STREET ADDRESS	915 MIDDLE RIVER DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COHN, FRED	
STREET ADDRESS	1660 SE 21ST AVE	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GLOVER, CHARLES	
STREET ADDRESS	1676 W. HILLSBORO BLVD.	
CITY-ST-ZIP	DEERFIELD BCH. 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"/> 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	BLAIR R. BECKER	
STREET ADDRESS	P.O. Box 24756	
CITY-ST-ZIP	FT. LAUD, FL 33307-4756	
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: **BLAIR R. BECKER**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/23/2000** Daytime Phone #: **(954) 492-0157**

CR2E037 (9/99)