2001 UNIFORM BUSINESS REPORT (UBR)

DO@UMENT # 753696

1. Entity Name

DELRAY LAKES ESTATES HOMEOWNERS' ASSOCIATION, IN

Mailing Address Principal Place of Business % BENCHMARK PROPERTY MANAGEMENT, INC. % BENCHMARK PROPERTY MANAGEMENT. INC. 7932 WILES ROAD 7932 WILES ROAD CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33067 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

FILED Feb 28, 2001 8:00 am Secretary of State

02-28-2001 90060 031 ****61.25

COO25270



DO NOT WRITE IN THIS SPACE

| City & State | | City & State | | 4. FEI Numbe | 59-2674063 | <u> </u> | plied For |
|-------------------------------|---|-----------------------------------|-------------------------|--|--|-------------------|----------------|
| | | | | | JØ 201 TUUS | | t Applicable |
| Zip Country Zip | | Zip | Country | 5. Certificate | 5. Certificate of Status Desired S8.75 Additional Fee Required | | |
| | 6. Name and Address of Current R | egistered Agent | | *************************************** | Address of New Registered | Agent | - |
| | | | Name | Kaye & Poger | Dλ | | |
| DIOLETA ED EGO | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| DICKER, ED ESQ. | | | | 6261 NW 6 Way | | | |
| | ralian avenue s. | | | | | | |
| SUITE 600 | | | City | | | Zip Code | |
| WEST PALM BEACH FL 33401 | | | | Ft Lauderdale FL Zip Code 33300 | | | |
| 8. The above r | named entity submits this statement for | the purpose of changing its | registered office | or registered agent, or bot | h, in the state of Florida. | | |
| | | () ^ | | | | | |
| Anna Keye Vacille of | | | | | | 2/6/ | 01 |
| SIGNATURE _ | JEMA July & | - Jichoen | | | DATE | -, ,, | |
| S | Signature, typed or printed name of registered agent ar | nd title if applicable. (NOTE | : Registered Agent sign | nature required when reinstating) | DATE | | |
| A | | | - | | | | |
| | FILE NOW: | 9. Election Campaign | ~ ~~ | \$5.00 May Be | Make Check | | |
| | FEE IS \$61.25 | Trust Fund Contribu | ıtion. | Added to Fees | Department | t of State | |
| | | <u> </u> | | 155/Tioxio Iou | NOTO TO OFFICERS AND DI | IDECTORS IN | 10 |
| 10. | OFFICERS AND DIRI | | 11. | ADDITIONS/CH/ | ANGES TO OFFICERS AND DI | | |
| TITLE | PD ANTHONY | ☐ Delete | TITLE | Director-V | P | ⊠ FChange | ☐ Addition |
| NAME | PASQUALE, ANTHONY | | NAME STREET ADDRES | [15464 Tal | l Cak Ave | | |
| STREET ADDRESS | 8715 SAWPINE RD | | CITY-ST-ZIP | | -1- TT 2244C | | |
| CITY-ST-ZIP | DELRAY BCH. FL 33446 | | _ | Delray Fea | ch, Fl. 33446 | | YMY dallion |
| TITLE | DP OAN | ☐ Delete | TITLE | Dir-Sec | | Change | XXX ddition |
| NAME | BITTON, SAM | | NAME Street Addres | Levine, Ge | | | عمدر پیان |
| STREET ADDRESS | 15464 TALL OAK AVENUE | and the second of the second of | - CITY-ST-ZIP- | LI FOUDAL Swee | toum Ave | | • |
| | DELRAY-BEACH FL=33446 | H - | | | ch, FT; 33446 | Change | |
| TITLE | SD,~ | Delete | TITLE NAME | Dir-Treas | | | 200 200 COLLON |
| NAME CIDEET ADDRESS | ZUCKERMAN, MARILYN | | STREET ADDRES | Dean, Fenr | | | |
| STREET ADDRESS CITY-ST-ZIP | 15207 TALL OAK AVENUE | | CITY-ST-ZIP | 15350 Tall Delray Pea | | 6 | |
| | DELRAY BEACH FL 33446 | | | Dir-2nd VP | C1. | ☐ Change | ☑ Addition |
| TITLE NAME | DT CKANTAD - DATTI | Delete | TITLE NAME | Bloise, An | thony | | Z Nacition |
| STREET ADDRESS | SKANTAR, PATTI 8299 SAWPINE ROAD | | STREET ADDRES | | | | |
| CITY-ST-ZIP | DELRAY BEACH FL 33446 | | CITY-ST-ZIP | Delray Bea | | | |
| - - | D2V | ∑ Delete | TITLE | POTTON FICE | 0.7.3 30.46 | Change | ☐ Addition |
| TITLE . | KISLIN, DREW | Per Delete | NAME | | Ł | ٠٠.٠٩٠ | |
| STREET ADDRESS | 8683 SAWPINE RD. | | STREET ADDRES | s | t . | | |
| CITY-ST-ZIP | DELRAY BEACH FL 33446 | | CITY-ST-ZIP | | | | |
| TITLE | DEBINI DENOTITE COTTO | ☐ Delete | TITLE | | | ☐ Change | Addition |
| NAME | | T Detera | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRES | s | | | |
| CITY-ST-ZIP | • | | CITY-ST-ZIP | | | | |
| | ertify that the information supplies with | this filling does not quality for | | . I tated in Section 119 07/3\/ | i). Florida Statutes, I further ce | rtify that the in | nformation |
| indicated of | ertify that the information supplied with on this report or supplemental report is | true and accurate and that n | y signature shal | have the same legal effect | t as if made under oath; that I | am an officer | or director |
| of the corp | poration or the receiver or rustee empor | wered to execute this report | as required by C | napter 617, Florida Statute | s; and that my name appears | III BIOCK TO OF | DIOCK I I II |

SIGNATURE:

2/6/01