

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**  
 04-25-2001 90152 038 \*\*\*\*61.25

0048638

**DOCUMENT # 754222**

1. Entity Name

**THE PINES OF BOCA BARWOOD II CONDOMINIUM ASSOCIA**

Principal Place of Business

Mailing Address

% CREST PROPERTY MGMT  
 PO BOX 452347  
 SUNRISE FL 33345  
 US

% CREST PROPERTY MGMT  
 PO BOX 452347  
 SUNRISE FL 33345  
 US

2. Principal Place of Business

*c/o Prime Mgmt Group*  
 Suite, Apt. #, etc.  
*6300 Park of Commerce Blvd*

3. Mailing Address

*c/o Prime Mgmt Group Inc*  
 Suite, Apt. #, etc.  
*6300 Park of Commerce Blvd*



DO NOT WRITE IN THIS SPACE

City & State

*Boca Raton FL*  
 Zip  
*33487*  
 Country  
*USA*

City & State

*Boca Raton FL*  
 Zip  
*33487*  
 Country  
*USA*

4. FEI Number

**59-2095445**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**CREST PROPERTY MGMT**  
**4700 HIATUS ROAD**  
**#156**  
**SUNRISE FL 33351**

7. Name and Address of New Registered Agent

Name *Myron Swett c/o Prime Management Group Inc*  
 Street Address (P.O. Box Number is Not Acceptable)  
*6300 Park of Commerce Blvd*  
 City *Boca Raton* State *FL* Zip Code *33487*

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:**  
**FEES 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 type="checkbox"/> Delete
NAME	KAHN, LEONARD	
STREET ADDRESS	23344 CAROLWOOD LN	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENNY, LAWRENCE	
STREET ADDRESS	23345 CAROLWOOD LN	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STEIN, IZZY	
STREET ADDRESS	23344 CAROLWOOD LANE	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROSENTHAL, BEN	
STREET ADDRESS	23344 CAROLWOOD LN	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	V	<input type="checkbox"/> Delete
NAME	GARCIA, JOAN	
STREET ADDRESS	23344 CAROLWOOD LN	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Irwin Slutsky	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	23344 Carolwood Lane #6408	
CITY-ST-ZIP	Boca Raton, FL 33428	

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:

*Irwin Slutsky*

*4/10/01 561-483-6077*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)