

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90132 015 \*\*\*\*61.25

**DOCUMENT # 756518**

1. Entity Name

**DELRAY VILLAS RECREATION ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

13773 CIRCULAR DRIVE  
 DELRAY BCH FL 33484

13773 CIRCULAR DRIVE  
 DELRAY BCH FL 33484-1517

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

**59-2257313**

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

7. Name and Address of New Registered Agent

**WEBER, SHARON A.**  
**BECKER & POLIAKOFF, PA**  
**500 AUSTRALIAN AVE S STE 900**  
**WEST PALM BEACH FL 33401**

Name: **GELFAND, MICHAEL J.**  
 Street Address (P.O. Box Number is Not Acceptable):  
**C/O GELFAND & ARPE, P.A.**  
**2250 S. AUSTRALIAN AVENUE, SUITE 1010**  
 City: **WEST PALM BEACH** FL Zip Code: **33401-5014**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SAUL, JACOB	
STREET ADDRESS	14569 LUCY DR.	
CITY-ST-ZIP	DELRAY BCH FL 33484	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	FRIEDENREICH, DANIEL	
STREET ADDRESS	14251 EL CLAVEL WAY	
CITY-ST-ZIP	DELRAY BCH FL 33484	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MARKOWITZ, HAROLD	
STREET ADDRESS	13057 VIA VESTA	
CITY-ST-ZIP	DELRAY BCH FL 33484	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MARSH, LITZI	
STREET ADDRESS	14352 AMAPOLA DRIVE	
CITY-ST-ZIP	DELRAY BCH, FL 00000 33484	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT	
STREET ADDRESS	FRIEDENREICH DANIEL	
CITY-ST-ZIP	14251 EL CLAVEL WAY DELRAY BEACH, FL 33484	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICE-PRESIDENT	
STREET ADDRESS	SAUL, JACOB	
CITY-ST-ZIP	14569 LUCY DR DELRAY BEACH, FL 33484	
TITLE	TID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREASURER	
STREET ADDRESS	LEONARD LOWENSTEIN	
CITY-ST-ZIP	14580 CANDY WAY DELRAY BEACH FL 33484	
TITLE	SID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECRETARY	
STREET ADDRESS	DORIS MILLER	
CITY-ST-ZIP	14212 ALTOCEDRO DR DELRAY BEACH, FL 33484	
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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LEONARD LOWENSTEIN** 4/15/00 (561) 498-  
**TREASURER** Date Daytime Phone # **5272**

CR2E037 (9/99)