

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90014 016 ****61.25

DOCUMENT # 758279

1. Entity Name

THE RESIDENCES AT SLOAN'S CURVE, INC.

Principal Place of Business

Mailing Address

18 SLOAN'S CURVE DR
 PALM BCH FL 33480
 US

18 SLOAN'S CURVE DR
 PALM BCH FL 33480
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2129637

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

FLYNN, DENNIS P
3808 VIA POINCIANA #13
LAKE WORTH FL 33467

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	BORNSTEIN, RICHARD	2 SLOAN'S CURVE DRIVE	PALM BEACH FL 33480	<input type="checkbox"/>
VD	FOSTER, HENRY	6 SLOAN'S CURVE DRIVE	PALM BEACH FL 33480	<input type="checkbox"/>
TD	GREENBERG, NATHAN	19 SLOAN'S CURVE DRIVE	PALM BEACH FL 33480	<input type="checkbox"/>
D	LEVENTHAL, NORMAN	12 SLOAN'S CURVE DRIVE	PALM BEACH FL 33480	<input type="checkbox"/>
SD	MANN, IRMA	23 SLOAN'S CURVE DRIVE	PALM BEACH FL 33480	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Richard J. Bornstein* **RICHARD J. BORNSTEIN**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT**
 Date **4/5/02** Daytime Phone # **561-582-1203**

CR2E037 (9/01)