## 2003 NOT-FOR-PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 758931**



## **FILED** Mar 06, 2003 8:00 am Secretary of State 02-21-2003 90843 030 \*\*\*\*61.25

1. Entity No.	DGE NORTH I CONDOMINIUI	M ASSOCIATION, INC			j	02-21-2003 908	43 030	01.23	
Principal Place of Business 500 SHADY PINE WAY WEST PALM BEACH FL 33415		Mailing Address 500 SHADY PINE WAY WEST PALM BEACH FL 33415				<b></b>	_		
2. Principal	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.  City & State		Suite, Apt. #, etc. City & State			☐ CHECK HERE IF MAKING CHANGES				
					4. FEI Number 59-2153460			Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Si	atus Desired	\$8.75 A Fee Requi	dditional	
	6. Name and Address of Current	t Registered Agent			7. Name and Add	ress of New Registered	•		$\dashv$
- Diport	011/01		Name		<u> </u>				
DIREKTON, KEN BECKER & POLIAKOFF			Street A	Street Address (P.O. Box Number is Not Acceptable)					
	STRALIAN AVE S. 9TH FL.								1
WEST PALM BEACH FL 33401			City	<u> </u>	<del> </del>	FL	Zip Co	de	-
8. The abov	re named entity submits this statement for	or the purpose of changing its	s registered office or	r registered	Jagent, or both, in		amiliar with	and accent	H
the obliga	ations of registered agent.	·						,,	
.* SIGNATURE									
	Signature, typed or printed name of registered agent	and trie if applicable. (NOT	E: Registered Agent signate	ture required wit	en reinstating)	DATE			- 1
•									- 1
~ 	FILE NOW: FEE IS \$61.25		mpaign Financing Contribution.	<b>\$</b>	5.00 May Be dded to Fees	Make Check Florida Depart			_
10.	OFFICERS AND DI	Trust Fund (		⊔	dded to Fees		ment of	State	
10. TITLE NAME	OFFICERS AND DIE	Trust Fund (	11.	⊔	dded to Fees	Florida Depart	ment of	State	//02)
TITLE	OFFICERS AND DIE	Trust Fund (	Contribution.	⊔	dded to Fees	Florida Depart	ment of	State V 10	7 (10/02)
NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIE MD GUASTELLA, JOSEPH 520 B2 SHADY PINE WAY W PALM BEACH FL 33415	Trust Fund (	11. TITLE NAME	⊔	dded to Fees	Florida Depart	ment of	State V 10	E037 (10/02)
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NAME STREET ADDRESS CITY-ST-ZIP	MD GUASTELLA, JOSEPH 520 B2 SHADY PINE WAY W PALM BEACH FL 33415  1VB + PRESIDEN GANGE, JACK	Trust Fund (	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	⊔	dded to Fees	Florida Depart	RECTORS II	State V 10 Addition	E037 (10/
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ignature shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 617. Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the re-changed, or on an attach

SIGNATURE:

res ident