

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00511

1. Entity Name

THE ESTATES PROPERTY OWNERS ASSOCIATION, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90085 019 ****61.25

Principal Place of Business	Mailing Address
2994 JOG ROAD B GREENACRES FL 33467 US	2994 JOG ROAD B GREENACRES FL 33467-2000 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Assoc. Prop. Mgt Suite, Apt. #, etc. 400 So Dixie Hwy #10 City & State Lake Worth, FL Zip 33460 Country USA	Assoc. Prop. Mgt Suite, Apt. #, etc. 400 S. Dixie Hwy, #10 City & State Lake Worth, FL Zip 33460 Country USA

4. FEI Number	Applied For
59-2376493	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent

GERRISH, SCOTT
C/O CMG MANAGEMENT INC
2994 JOG ROAD, ST B
GREENACRES FL 33437

7. Name and Address of New Registered Agent

Name
Associated Property Management
Street Address (P.O. Box Number is Not Acceptable)
400 S. Dixie Hwy, #10
City
Lake Worth
FL
Zip Code
33460

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 *Lawrence M. Garry* 1/13/2000
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	
TITLE	VP <input type="checkbox"/> Delete
NAME	RUSSELL DEVICK
STREET ADDRESS	11640 BLACKWOODS LN
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	P <input type="checkbox"/> Delete
NAME	WAYNE RICHARDS
STREET ADDRESS	6832 HATTERAS DRIVE
CITY-ST-ZIP	LAKE WORTH FL
TITLE	D <input type="checkbox"/> Delete
NAME	CASSELLA, AUGUST
STREET ADDRESS	8611 GULLANE COURT
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	VP <input type="checkbox"/> Delete
NAME	WEINGARTEN, JOHN
STREET ADDRESS	11870 STONEHAVEN WAY
CITY-ST-ZIP	WEST PALM BEACH FL 33412
TITLE	S <input type="checkbox"/> Delete
NAME	FORMICA, JOSEPH D
STREET ADDRESS	8690 MARLAMOR LANE
CITY-ST-ZIP	WEST PALM BEACH FL 33432
TITLE	PD <input type="checkbox"/> Delete
NAME	HIRSCH, CAROL
STREET ADDRESS	11559 BUCKHAVEN LANE
CITY-ST-ZIP	WEST PALM BEACH FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patrick Norris
STREET ADDRESS	8180 Woodsmuir Drive
CITY-ST-ZIP	WPB. FL.
TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nancy Albin
STREET ADDRESS	11820 Blackwoods Lane
CITY-ST-ZIP	WPB. FL
TITLE	PD MICHAEL GOODBOE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph Medeiros
STREET ADDRESS	11678 Riverchase Run
CITY-ST-ZIP	WPB. FL.
TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gerald Quickel
STREET ADDRESS	11708 Riverchase Run
CITY-ST-ZIP	WPB. FL
TITLE	T.D. JOSEPH E MEDEIROS <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11859 SANBOWEN CT.
STREET ADDRESS	W. P. B FL 33412.
CITY-ST-ZIP	

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: *Lawrence M. Garry*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)