

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90422 030 ****61.25

DOCUMENT # N00511
 1. Entity Name
THE ESTATES PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business ASSOC. PROP. MGT. 400 SO DRIVE HWY #10 LAKE WORTH FL 33460 US	Mailing Address ASSOC. PROP. MGT. 400 SO DRIVE HWY #10 LAKE WORTH FL 33460 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2376493	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ASSOCIATED PROPERTY MANAGEMENT
400 S. DIXIE HWY, #10
LAKE WORTH FL 33460

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME SD WEINGARTEN, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS 11870 STONE HAVEN DR.	
CITY-ST-ZIP WEST PALM BEACH FL 33412	
TITLE NAME SB RICE, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS 8810 MARLA MOOR LN	
CITY-ST-ZIP WEST PALM BEACH FL 33412	
TITLE NAME D GOODBOE, MICHAEL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 11678 RIVERCHASE RUN	
CITY-ST-ZIP WEST PALM BEACH FL	
TITLE NAME SD BAILEY, TOM	<input type="checkbox"/> Delete
STREET ADDRESS 11789 BLACKWOOD LN	
CITY-ST-ZIP WEST PALM BEACH FL 33412	
TITLE NAME TD MEDETROS, JOSEPH	<input type="checkbox"/> Delete
STREET ADDRESS 11859 SANBOURN CT	
CITY-ST-ZIP WEST PALM BEACH FL 33432	
TITLE NAME T HIRSCH, CAROL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 11559 BUCKHAVEN LANE	
CITY-ST-ZIP WEST PALM BEACH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME PD Weingarten, John	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 11870 Stone Haven Dr.	
CITY-ST-ZIP West Palm Beach, FL 33412	
TITLE NAME VD Rice, David	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8810 Marla Moor Ln	
CITY-ST-ZIP West Palm Beach, FL 33412	
TITLE NAME SD Albin, Nancy Layne	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 11820 Blackwoods Lane	
CITY-ST-ZIP West Palm Beach, FL 33412	
TITLE NAME ASD Bailey, Tom	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 11789 Blackwood Ln.	
CITY-ST-ZIP West Palm Beach, FL 33412	
TITLE NAME D Dearden, Kevin	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 11651 Stonehaven	
CITY-ST-ZIP West Palm Beach, FL 33412	
TITLE NAME D Hymen, Ron	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2466 Coconut Boulevard	
CITY-ST-ZIP West Palm Beach, FL 33412	

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: Joseph Medetros DIRECTOR Date: 4-8-02 (561) 626-1849
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JOSEPH MEDETROS Date: _____ Daytime Phone #: _____

CR2E037 (9/01)