

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90336 050 ****61.25

DOCUMENT # N03829

1. Entity Name

**MORNINGSTAR AT DELRAY CONDOMINIUM ASSOCIATION, I
NC.**

Principal Place of Business

Mailing Address

**5884 MORNINGSTAR CIRCLE
APARTMENT 304
DELRAY BEACH FL 33484**

**6401 CONGRESS AVE- STE 140
C/O LIPPMAN & LIPPMAN
BOCA RATON FL 33487
US**

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

59-2553304

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LIPPMAN, KAREN
6401 CONGRESS AVE
STE 140
BOCA RATON FL 33487**

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 reinstalling)

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	D	<input checked="" type="checkbox"/> Delete
NAME	VINCENT, EMANUEL	
STREET ADDRESS	5884 MORNING STAR CIRCLE	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GOLDSTONE, NATALIE	
STREET ADDRESS	5884 MORNINGSTAR CIR, #205	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RODOFSKY, SOL	
STREET ADDRESS	5884 MORNINGSTAR CIRCLE	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BRAY, TED	
STREET ADDRESS	5884 MORNINGSTAR CIR, #205	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEINFELD, CAROL	
STREET ADDRESS	5884 MORNINGSTAR CIRCLE	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ken McQueen	
STREET ADDRESS	5884 Morningstar Circle	
CITY-ST-ZIP	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		
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		

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:

Natalie Gladstone NATALIE GLADSTONE 4/11/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)