

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90039 031 ****61.25

DOCUMENT # N06510

1. Entity Name

CLUBHOUSE COURT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1274 NE BUSINESS PARK PL
 JENSEN BCH FL 34957
 US**

**PO BOX 65
 JENSEN BEACH FL 34958
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2547092

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ADVANTAGE PROPERTY MGT., INC.
 1274 NE BUSINESS PARK PL
 JENSEN BCH. FL 34957**

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 **VPD** ☐ Delete
 NAME **RUANE, EDWARD**
 STREET ADDRESS **3961 SW GREENWOOD WAY, #F**
 CITY-ST-ZIP **PALM CITY FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **RIZZO, CONNIE**
 STREET ADDRESS **3930 SW GREENWOOD WAY #E**
 CITY-ST-ZIP **PALM CITY FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☒ Delete
 NAME **PEROTTA, MIKE**
 STREET ADDRESS **3961 SW GREENWOOD WAY, #H**
 CITY-ST-ZIP **PALM CITY FL**

TITLE ☐ Change ☒ Addition
 NAME **TRINDWORTH, ALICE**
 STREET ADDRESS **3960 SW Greenwood Way #F**
 CITY-ST-ZIP **Palm City, FL 34990**

TITLE **PD** ☐ Delete
 NAME **GILMORE, ROBERT**
 STREET ADDRESS **3930-G SW GREENWOOD WAY**
 CITY-ST-ZIP **PALM CITY FL 34990**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☒ Delete
 NAME **ELLAS, ANTONAS**
 STREET ADDRESS **3961 SW GREENWOOD WAY B**
 CITY-ST-ZIP **PALM CITY FL**

TITLE ☐ Change ☒ Addition
 NAME **SD Delcomyn, John**
 STREET ADDRESS **3931 SW Greenwood Way #G**
 CITY-ST-ZIP **Palm City, FL 34990**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)