

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06976

1. Entity Name

THE ENCLAVE OF PALM BEACH CONDOMINIUM ASSOCIATIO

Principal Place of Business

3170 SOUTH OCEAN BLVD.
PALM BEACH FL 33480

Mailing Address

3170 SOUTH OCEAN BLVD.
PALM BEACH FL 33480-5625

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

59-2495222

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

CHERYL L. DDUNIVANT
3170 S.OCEAN BLVD.
PALM BEACH FL 33480

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 Cheryl L. Dunivant Cheryl L. Dunivant, Manager 4/7/00

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 ☐ Delete
NAME P
STREET ADDRESS BOTVIN, BURTON
CITY-ST-ZIP 3170 S OCEAN BLVD
PALM BEACH FL

TITLE ☐ Change ☒ Addition
NAME Leslie Groffman, Director
STREET ADDRESS 3170 S Ocean Blvd, #404S
CITY-ST-ZIP Palm Beach, FL 33480

TITLE ☐ Delete
NAME KAPLAN, HAROLD
STREET ADDRESS 3170 S OCEAN BLVD
CITY-ST-ZIP PALM BCH. FL 33480

TITLE ☐ Change ☒ Addition
NAME Dr. Paul Nilloff, Director
STREET ADDRESS 3170 S Ocean Blvd, #406N
CITY-ST-ZIP Palm Beach, FL 33480

TITLE ☐ Delete
NAME BERLINER, JUDY
STREET ADDRESS 3170 S OCEAN BLVD
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☐ Change ☒ Addition
NAME Irving Wechsler, Treasurer
STREET ADDRESS 3170 S Ocean Blvd, #701S
CITY-ST-ZIP Palm Beach, FL 33480

TITLE ☒ Delete
NAME BOTVIN, BURTON
STREET ADDRESS 3170 S OCEAN BLVD
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☐ Change ☒ Addition
NAME Norma Shapiro, Director
STREET ADDRESS 3170 S. Ocean Blvd, #601N
CITY-ST-ZIP Palm Beach, FL 33480

TITLE ☐ Delete
NAME KAPLAN, HAROLD
STREET ADDRESS 3170 S OCEAN BLVD
CITY-ST-ZIP PALM BEACH FL

TITLE ☐ Change ☒ Addition
NAME Sherman Seeche-Director
STREET ADDRESS 3170 S Ocean Blvd, #404N
CITY-ST-ZIP Palm Beach, FL 33480

TITLE ☐ Delete
NAME BRODIE, SIDNEY
STREET ADDRESS 3170 S. OCEAN BLVD.
CITY-ST-ZIP PALM BEACH FL

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: Burton Botvin Burton Botvin

4/7/00

561-582-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)