

8/21

FILED

Sep 19, 2002 8:00 am
Secretary of State

08-26-2002 90056 044 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07367

1. Entity Name

THE LAKES OF PGA NATIONAL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O DICKINSON-MANAGEMENT
2328 S CONGRESS AVE STE 2A
WEST PALM BEACH FL 33406
USC/O DICKINSON-MANAGEMENT
2328 S CONGRESS AVE STE 2A
WEST PALM BEACH FL 33406
US

2. Principal Place of Business

Custom Property Management

3. Mailing Address

Custom Property Management

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0052375

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DORTENZO, CAROL
108 WATERVIEW DR.
WEST PALM BEACH FL 33418

7. Name and Address of New Registered Agent

Name: Harry Rabinowitz
Street Address (P.O. Box Number is Not Acceptable)
114 Waterview Dr.

City: Palm Beach Gardens FL

Zip Code

33418

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE-Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | DORTCHZO, CAROL | |
| STREET ADDRESS | 108 WATERVIEW DR. | |
| CITY-ST-ZIP | PALM BEACH GRDNS FL 33418 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | FEWELL, SHARON | |
| STREET ADDRESS | 103 WATERVIEW DR. | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33418 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | SHAW, RON | |
| STREET ADDRESS | 113 WATERVIEW DR | |
| CITY-ST-ZIP | PALM BCH GARDENS FL 33418 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------------|---|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Harry Rabinowitz | |
| STREET ADDRESS | 114 Waterview Dr | |
| CITY-ST-ZIP | Palm Beach Gardens, FL 33418 | |
| TITLE | YPD | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Lewis Pomper | |
| STREET ADDRESS | 110 Waterview Dr | |
| CITY-ST-ZIP | Palm Beach Gardens, FL 33418 | |
| TITLE | TD | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Carol Dortenzo | |
| STREET ADDRESS | 108 Waterview Dr | |
| CITY-ST-ZIP | Palm Beach Gardens, FL 33418 | |
| TITLE | SP | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Marilyn Morris | |
| STREET ADDRESS | 109 Waterview Dr | |
| CITY-ST-ZIP | Palm Beach Gardens, FL 33418 | |
| 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:

SIGNATURE REQUIRED
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (4/02)