

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90005 030 ****61.25

DOCUMENT # N20687

1. Entity Name

COURT HOMES ASSOCIATION, NO. 3 INC.

Principal Place of Business

Mailing Address

C/O GLEN MANAGEMENT
 4301 OAK CIRCLE, #23
 BOCA RATON FL 33431
 US

C/O GLEN MANAGEMENT
 P.O. BOX 1390
 BOCA RATON FL 33429-1390
 US

(14001)



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

301 W. CAMINO GARDENS BLD #200
 Suite, Apt. #, etc.

3. Mailing Address

SAME
 Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

4. FEI Number

65-0016412

Applied For

Not Applicable

Zip
 33432

Country
 USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GLEN, ANDREW C
 4301 OAK CIRCLE, STE 23
 BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name **ANDREW C. GLEN**
 Street Address (P.O. Box Number is Not Acceptable)
301 W. CAMINO GARDENS BLD #200
 City **BOCA RATON** FL Zip Code **33432**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD SCHRECK, WENDY 5430 214TH CT., SOUTH BOCA RATON FL 33486	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CHUCK, BAUGH 21404 54TH DR S BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FELILIAN, JOHN 5374 214TH COURT SOUTH BOCA RATON FL 33486	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: ANDREW C. GLEN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/00 (561) 488-3344
 Date Daytime Phone #