

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90015 039 \*\*\*\*61.25

**DOCUMENT # N21177**

1. Entity Name

**BEAR ISLAND HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

900 E. INDIANTOWN RD., STE 210  
 P.O. BOX 3522  
 TEQUESTA FL 33469

900 E. INDIANTOWN RD., STE 210  
 P.O. BOX 3522  
 TEQUESTA FL 33469

646258



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2328 S. Congress Ave  
 Suite, Apt. #, etc.  
 Suite 2A

2328 S. Congress Ave  
 Suite, Apt. #, etc.  
 Suite 2A

City & State  
 West Palm Bch, FL

City & State  
 West Palm Bch, FL

4. FEI Number **59-2814223**

Applied For  
 Not Applicable

Zip Country  
 33406 Palm Bch

Zip Country  
 33406 Palm Bch

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

ST. JOHN, DAVID  
 % ST. JOHN, DICKER & CAPLAN  
 500 AUSTRALIAN AVENUE SOUTH, SUITE 600  
 W. PALM BEACH FL 33401

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 NAME STREET ADDRESS CITY-ST-ZIP	SD MOSCATO, FRANK 2785 WHITE WING LANE W. PALM BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NEWMAN, FRANK I 1315 BEAR ISLAND DR W. PALM BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SHAROUBIM, KAMEL 2755 MEADOW LARK LANE WEST PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	<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	Director, Pres. William H. Helmly 1280 Gator Trail, West Palm Beach, FL 33409	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Treas. Wayne R. Morsenzahl 1110 Bear Island Dr West Palm Beach, FL 33409	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Sec. Kamel Sharoubim 2755 Meadowlark Lane West Palm Beach, FL 33409	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, V.P. Vito J. Majorana 2780 Wilderness Rd. West Palm Beach, FL 33409	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Joal Coprin, MD 1360 Wilderness Rd. West Palm Beach, FL 33409	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: *William H. Helmly* President 4/17/01 561-366-0100  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)