

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90048 046 ****61.25

DOCUMENT # N25059

1. Entity Name

BARKLEY MASTER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**BARKLEY RECREATIONAL CENTER
 2605 BARKLEY DRIVE
 WEST PALM BEACH FL 33415**

**BARKLEY RECREATIONAL CENTER
 2605 BARKLEY DRIVE
 WEST PALM BEACH FL 33415**

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

65-0040497

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

Name

JAY STEVEN LEVINE, P.A.

Street Address (P.O. Box Number is Not Acceptable)

2500 No. Military Tr., Suite 275

Boca Raton, Fl.

City

FL

Zip Code

33431

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

JAY STEVEN LEVINE, P.A.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-3-00

**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 **SD**
 STREET ADDRESS **SEYLER, CARMELA**
 CITY-ST-ZIP **2701 BARKLEY DR W**
WEST PALM BEACH FL

TITLE ☐ Change ☒ Addition
 NAME **SD**
 STREET ADDRESS **JONES, BARBARA**
 CITY-ST-ZIP **2570 B Barkley Dr. East**
West Palm Beach, Fl. 33415

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **OHREN, RAYMOND**
 CITY-ST-ZIP **2591 D Barkley Dr. West**
WEST PALM BEACH FL 33415

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **OHREN, RAYMOND**
 CITY-ST-ZIP **2591 D Barkley Dr. West**
West Palm Beach, Fl. 33415

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **THOMSEN, KATHLEEN**
 CITY-ST-ZIP **2681 D. BARKLEY DRIVE W**
WEST PALM BEACH FL 33415

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **KOEHLER, LOUISE**
 CITY-ST-ZIP **5423 F Cresthaven Blvd.**
West Palm Beach, Fl. 33415

TITLE ☐ Delete
 NAME **VPD**
 STREET ADDRESS **FLYNN, MARJORIE**
 CITY-ST-ZIP **2680 BARKLEY DR. EAST**
WEST PALM BEACH FL 33461

TITLE ☐ Change ☒ Addition
 NAME **P**
 STREET ADDRESS **CIMO, ANTHONY**
 CITY-ST-ZIP **2731 C Barkley Dr. West**
West Palm Beach, Fl. 33415

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **KYLE, WILLARD**
 CITY-ST-ZIP **2703 J. BARKLEY DRIVE E**
WEST PALM BEACH FL 33415

TITLE ☐ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **KYLE, WILLARD**
 CITY-ST-ZIP **2703 J. BARKLEY DRIVE E**
WEST PALM BEACH FL 33415

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **5403 F CRESTHAVEN BLVD**
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ☐ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **5403 F CRESTHAVEN BLVD**
 CITY-ST-ZIP **WEST PALM BEACH FL**

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

ANTHONY CIMO, PRES.

2/3/00

(561) 439-6166

Date

Daytime Phone #