

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90081 042 ****61.25

DOCUMENT # N25059

1. Entity Name

BARKLEY MASTER ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

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

90000458



☐ CHECK HERE IF MAKING CHANGES

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

**LEVINE, JAY S P.A.
2500 N. MILITARY TRL-
STE 275
BOCA RATON FL 33431**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **SEYLER, CARMELA**
STREET ADDRESS **2701-C BARKLEY DR. WEST**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE **T/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SEC** ☐ Delete
NAME **MANFREDI, ANNE**
STREET ADDRESS **2501-H BARKLEY DR WEST**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE **S/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **PADUANO, ANTHONY**
STREET ADDRESS **2653-I BARKLEY DR. EAST**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE **P/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **JURGIELEWICZ, CAROL**
STREET ADDRESS **2650-D BARKLEY DR. EAST**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE **V/D** ☐ Change ☒ Addition
NAME **LAURA R. WAGMAN**
STREET ADDRESS **5423-E CRESTHAVEN BLVD**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE **D** ☒ Delete
NAME **SPANGNUOLO, MARY**
STREET ADDRESS **2600-H BARKLEY DR. EAST**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE **D** ☐ Change ☒ Addition
NAME **D LEWIS FNGALSBE**
STREET ADDRESS **2640-C BARKLEY DR EAST**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

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 an other like empowered.

SIGNATURE: SIGNATURE REQUIRED PRESIDENT 1/8/03 561-965-6103

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)