

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

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90130 046 ****61.25

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DOCUMENT # N48117

1. Entity Name

PLYMOUTH III CONDO ASSOCIATION, INC.



Principal Place of Business

**13 PLYMOUTH A
WEST PALM BEACH FL 33417-6731
US**

Mailing Address

**13 PLYMOUTH A
WEST PALM BEACH FL 33417-6731
US**

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 **59-1465245**

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

**PALM BEACH MAINTENANCE & MGNT.
3606 WOODS WALK BLVD.
LAKE WORTH FL 33467**

Name **PALM BEACH MAINTENANCE & MGNT.**

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

2575 HOMEWOOD RD.

City **WEST PALM BEACH FL**

Zip Code **33406**

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 **DORRILL PERCUTT**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-24-03

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	DT	<input type="checkbox"/> Delete
NAME	MIRSKY, MIRIAM	
STREET ADDRESS	13 PLYMOUTH A	
CITY-ST-ZIP	W. PALM BEACH FL 33417	
TITLE	CP	<input type="checkbox"/> Delete
NAME	PEARLMAN, ESTELLE	
STREET ADDRESS	3 PLYMOUTH A	
CITY-ST-ZIP	W. PALM BEACH FL 33417	
TITLE	VPO	<input checked="" type="checkbox"/> Delete
NAME	ARLENE, STEGEL	
STREET ADDRESS	5 PLYMOUTH	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	DS	<input type="checkbox"/> Delete
NAME	TABAG, MONA	
STREET ADDRESS	38 PLYMOUTH E	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRAYERMAN, SHEILA	
STREET ADDRESS	47 PLYMOUTH F	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARLMAN, ESTELLE	
STREET ADDRESS	4 PLYMOUTH A	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAFFE, IRMA	
STREET ADDRESS	34 PLYMOUTH D	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TABAG, MONA	
STREET ADDRESS	38 PLYMOUTH E	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAY, RICKEY	
STREET ADDRESS	19 PLYMOUTH D	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	

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

Miriam Mirsky

1/13/03 (JGI) 686-0001

CR2E037 (10/02)

90073147
#N48117

Attachment

11. CONT'D		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HART, MARTIN		
STREET ADDRESS	53 ALYMOUTH F		
CITY-ST-ZIP	WEST PALM BEACH FL 33417		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CORLEY, MARY		
STREET ADDRESS	33 PLYMOUTH D		
CITY-ST-ZIP	WEST PALM BEACH FL 33417		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	COOPER, EVELYN		
STREET ADDRESS	35 PLYMOUTH D		
CITY-ST-ZIP	WEST PALM BEACH FL 33417		