

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90072 026 \*\*\*\*70.00

**DOCUMENT # N96000001409**

1. Entity Name

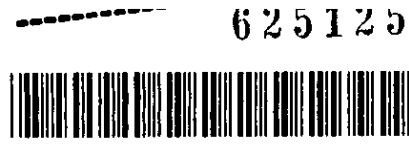
**FLORANADA PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

5295 TOWNCENTER ROAD, SUITE #200  
 BOCA RATON FL 33486

5295 TOWNCENTER ROAD, SUITE #200  
 BOCA RATON FL 33486



2. Principal Place of Business

**21045 Commercial Trl**

3. Mailing Address

**21045 Commercial Trl**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Boca Raton, FL**

City & State

**Boca Raton, FL**

4. FEI Number

**65-0677429**

Applied For

Not Applicable

Zip

**33486**

Country

Zip

**33486**

Country

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

**LANG MANAGEMENT COMPANY, INC**  
 5295 TOWNCENTER ROAD, SUITE #200  
 BOCA RATON FL 33486

Name

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

**21045 Commercial Trail**

City

**Boca Raton**

FL

Zip Code

**33486**

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

**02-19-01**

**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 **VSD WEINER, PAUL**  
 STREET ADDRESS **FLORANADA WAY**  
 CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TD FORREST, GENE**  
 STREET ADDRESS **7379 FLORANADA WAY**  
 CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D BLOOM, PHILIP**  
 STREET ADDRESS **7354 FLORANADA WAY**  
 CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D STEVENSON, GWENN**  
 STREET ADDRESS **7427 FLORANADA WAY**  
 CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **P WILLIAM ADLER**  
 STREET ADDRESS **7387 FLORANDA WAY**  
 CITY-ST-ZIP **DELRAY BEACH, FL 33446**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

**GWENN STEVENSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)