

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90089 020 ****70.00

DOCUMENT # N96000001409

1. Entity Name

FLORANADA PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

21045 COMMERCIAL TRAIL
 BOCA RATON FL 33486

21045 COMMERCIAL TRAIL
 BOCA RATON FL 33486

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

65-0677429

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAM K. ISAACSON ,
51045 COMMERCIAL TRAIL
BOCA RATON FL 33486

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

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

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

TITLE NAME Change Addition
Gene Forrest Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE NAME Change Addition
Philip Bloom Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE NAME Change Addition
Gwenn Stevenson Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE NAME Change Addition
William Adler Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)