

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002932

1. Entity Name

ALLIANCE OF DELRAY RESIDENTIAL ASSOCIATIONS, INC

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90016 035 ****61.25

Principal Place of Business

Mailing Address

C/O BERT MEHL
7632 MANSFIELD HOLLOW
DELRAY BEACH FL 33446
US

C/O BERT MEHL
7632 MANSFIELD HOLLOW
DELRAY BEACH FL 33446-3315
US

9 0 1 1 0 5



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

C/O ROBERT SCHULBAUM

C/O ROBERT SCHULBAUM

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7284 CLUNIE PL

7284 CLUNIE PL

City & State

City & State

DELRAY BEACH FL

DELRAY BEACH FL

Zip

Zip

33446

33446

Country

Country

U.S.A

U.S.A

4. FEI Number

65-0698232

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

GERSTIN, JOSHUA G ESQ
1515 N FEDERAL HWY
#300
BOCA RATON FL 33432

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:
FEF 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	PD	<input checked="" type="checkbox"/> Delete
NAME	MEHL, BERT	
STREET ADDRESS	7632 MANSFIELD HOLLOW	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	D2VP	<input checked="" type="checkbox"/> Delete
NAME	SCHULBAUM, ROBERT	
STREET ADDRESS	7284 CLUNIE PLACE	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	BEHRMAN, FRANK	
STREET ADDRESS	13650 WHIPPET WAY	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	D3VP	<input checked="" type="checkbox"/> Delete
NAME	GOLDWASSER, ED	
STREET ADDRESS	7616 MANSFIELD HOLLOW	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	T	<input type="checkbox"/> Delete
NAME	KLEINER, HAROLD	
STREET ADDRESS	15090 ASHLAND PIE-170	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULBAUM, ROBERT	
STREET ADDRESS	7284 CLUNIE PLACE	
CITY-ST-ZIP	DELRAY BEACH, FL 33446	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D2VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDWASSER, ED	
STREET ADDRESS	7616 MANSFIELD HOLLOW	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)