

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90025 016 ****61.25

DOCUMENT # N96000002932

1. Entity Name

ALLIANCE OF DELRAY RESIDENTIAL ASSOCIATIONS, INC

Principal Place of Business

Mailing Address

% JOSHUA G. GERSTIN, ESQ.
 STE. 300, 1515 N. FEDERAL HIGHWAY
 BOCA RATON FL 33432
 US

% JOSHUA G. GERSTIN, ESQ.
 STE. 300, 1515 N. FEDERAL HIGHWAY
 BOCA RATON FL 33432
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0698232

Applied For

Not Applicable

Zip

Country

Zip

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

Name

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

City

FL

Zip Code

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

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	PD	<input 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	DVP	<input type="checkbox"/> Delete
NAME	GOLDWASSER, ED	
STREET ADDRESS	7616 MANSFIELD HOLLOW	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	TD	<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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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: *Edwin Goldwasser* **EDWIN GOLDWASSER** 2-1-02 561-495-6717

CR2E037 (9/01)