

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

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90069 012 \*\*\*\*61.25

**DOCUMENT # N96000002932**

1. Entity Name

**ALLIANCE OF DELRAY RESIDENTIAL ASSOCIATIONS, INC**



Principal Place of Business

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

Mailing Address

**% JOSHUA G. GERSTIN, ESQ.  
STE. 300, 1515 N. FEDERAL HIGHWAY  
BOCA RATON FL 33432  
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 **65-0698232**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

*Edwin Goldwasser* **EDWIN GOLDWASSER VP** **1/8/03** **561-495-6717**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)