

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000001423**

1. Entity Name

WINDSOR COURT DELRAY HOMEOWNER'S ASSOCIATION, IN**FILED****May 12, 2000 8:00 am**
Secretary of State

05-12-2000 90035 002 ****61.25

Principal Place of Business

Mailing Address

**277 SE 5TH AVE
DELRAY BEACH FL 33483****277 SE 5TH AVE
DELRAY BEACH FL 33483-5206**

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

65-0962287

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

**GLICKSTEIN, GREGG H
54 SW BOCA RATON BLVD
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:
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	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	DPVS				Director		
	GLICKSTEIN, CARY D	277 SE 5TH AVE	DELRAY BEACH FL 33483		Jerome Oakes	1028 Bay Street	Delray Beach, FL 33483
	T				Director		
	GLICKSTEIN, CARY D	277 SE 5TH AVE	DELRAY BEACH FL 33483		Charles Roegge	1014 Bay Street	Delray Beach, FL 33483
	D				Director		
	WRIGHT, MICHAEL	277 SE 5TH AVE	DELRAY BEACH FL 33483		John Burke	1012 Bay Street	Delray Beach, Florida 33483
	D						
	FARR, KEVIN C	277 SE 5TH AVE	DELRAY BEACH FL 33483				

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 #

Jerome Oakes, Director 4-26-00 561-2651778

CR2E037 (9/99)