

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90202 005 ****61.25

DOCUMENT # N99000003604

1. Entity Name

PERLE DU LAC CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2414 MANDAN TRAIL
 WINTER PARK FL 32789**

**2414 MANDAN TRAIL
 WINTER PARK FL 32789**

2. Principal Place of Business

660 OSCEOLA Ave.

3. Mailing Address

660 OSCEOLA Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Park Fl.

City & State

Winter Park Fl.

4. FEI Number

59-3645158

Applied For

Not Applicable

Zip

Country

32789

Zip

Country

32789

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

**BEN-ZEEV, RON
 2414 MANDAN TRAIL
 WINTER PARK FL 32789**

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

[Handwritten Signature]

4/10/02

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	PTD	<input type="checkbox"/> Delete
NAME	BEN-ZEEV, RON	
STREET ADDRESS	2414 MANDAN TRAIL	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	BEN-ZEEV, HANAN	
STREET ADDRESS	2414 MANDAN TRAIL	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEN-ZEEV, ERIKA	
STREET ADDRESS	2414 MANDAN TRAIL	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/02 4076295875

CR2E037 (9/01)