2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **747885** Feb 22, 2000 8:00 am 1. Entity Name **Secretary of State** DALEWOOD CONDOMINIUM ASSOCIATION, INC. 02-22-2000 90045 045 ****61.25 Mailing Address Principal Place of Business 1401 N.W. 15TH AVENUE 1401 N.W. 15TH AVENUE **BOCA RATON FL 33486-1129 BOCA RATON FL 33486** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0045388 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) TISDALE, TERESA 1401 NW 15TH AVE Zip Code City BOCA RATON FL 33486 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 DATE Signature, typed or printed name of registered agent and title if applicable Make Check Pavable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Delete TITLE TITLE TISDALE, TERESA NAME NAME STREET ADORESS STREET ADDRESS 1401 N.W. 15 AVE. #5 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33486** ☐ Change ☐ Addition D ☐ Delete TITLE AMADO, BETH NAME STREET ADDRESS STREET ADDRESS 1401 NW 15 AVE #2 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33486** ☐ Addition Delete Change TITLE TITLE Treasurer NAME EARZO, ED NAME STREET ADDRESS 1401 NW 15 AVE #10 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE **BOCA RATON FL 33486** Addition ☐ Delete ☐ Change TITLE DESANTIAGO, ABEL NAME NAME STREET ADDRESS STREET ADDRESS 1401 NW 15 AVE., #7 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL**

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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

GARCIA, BRENDA

1401 DO 1

1401 NW 15 AVE #9

BOCA RATON FL 33486 Treasurer

Path Posselt

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE REQUIRED

☐ Delete

☐ Delete

Date

Daytime Phone #

☐ Change

Addition

☐ Addition