

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90183 042 ****61.25

DOCUMENT # 752324

1. Entity Name

TOWNHOUSE VILLAS SOBRE DEL MAR PROPERTY OWNERS A

Principal Place of Business

Mailing Address

628 SE 5TH STREET. #4
DELRAY BEACH FL 33483-5249
US

628 SE 5TH STREET. #4
DELRAY BEACH FL 33483-5249
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

26-2385789

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

PUCILLO, ANTHONY E
222 PICCADILLY ST., SUITE 100
WEST PALM BEACH FL 33407

Name

GREGORY COHEN

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

712 US HIGHWAY ONE

NORTH PALM BEACH

City

FL 33408

FL

Zip Code

33408

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
PD
WOLFF, R.
628 SE 5TH STREET, #4
DELRAY BEACH FL 33483-5249 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
JOHNSON, L
628 SE 5TH ST #3
DELRAY BCH FL 33483 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BRADLEY LEVINE
628 SE 5TH ST #1
DELRAY BCH, FL 33483 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
WALTZ, JOHN
628 SE 5TH STREET #2
DELRAY BEACH FL 33483 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Lisa Johnson
628 SE 5TH ST #3
DELRAY BCH, FL 33483 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

01/15/00 861-2765020
RANDALL L. WOLFF, JR.

Date

Daytime Phone #

CR2E037 (9/99)