

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90085 001 ****61.25

DOCUMENT # N98000007200

1. Entity Name

The Palms at Atlantis Homeowners Association, Inc.

Principal Place of Business

Mailing Address

12534 Wiles Road
Coral Springs, FL 33076

951 Broken Sound Pkwy.
Suite 250
Boca Raton, FL 33487

2. Principal Place of Business

3. Mailing Address

Community Association Svcs., Inc.
Ste. 250
951 Broken Sound Pky. NW
Boca Raton, FL 33487-3531

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0827598

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

B0052050

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Larry A. Rothenberg, P.A.
900 North Federal Hwy., Suite 460
Boca Raton, FL 33432

Name: Joel Messinger

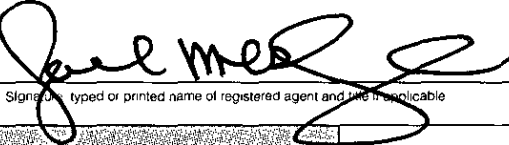
Street Address (P.O. Box Number is Not Acceptable)
951 Broken Sound Pkwy.
Suite 250

City: Boca Raton

FL Zip Code
33487

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 fee 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: DSR
NAME: MOSCOVITCH, LENIS
STREET ADDRESS: 12534 Wiles Road
CITY-ST-ZIP: Coral Springs, FL 33076 ☐ Delete

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

TITLE: PD
NAME: PERRY, CRAIG
STREET ADDRESS: 12534 Wiles Road
CITY-ST-ZIP: Coral Springs, FL 33076 ☐ Delete

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

TITLE: VPD
NAME: HOCKMAN, HARRY
STREET ADDRESS: 12534 Wiles Road
CITY-ST-ZIP: Coral Springs, FL 33076 ☐ Delete

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

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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

TITLE: ☐ Delete
NAME: ☐ Delete
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CITY-ST-ZIP: ☐ Delete

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CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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

Date

Daytime Phone #

CR2E037 (9/99)