

2000 UNIFORM BUSINESS REPORT (UBR)

4/27/00-90108-004-\$61.25-\$61.25

DOCUMENT # 738019

1. Entity Name

SAXONY I ASSOCIATION, INC.

FILED

00 JUN -9 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business^{*} Mailing Address
C/O PRIME MANAGEMENT GROUP, INC.
6300 PARK OF COMMERCE BLVD
BOCA RATON FL 33487
US C/O PRIME MANAGEMENT GROUP, INC.
6300 PARK OF COMMERCE BLVD
BOCA RATON FL 33487-8229
US

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 59-1759730 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
GIRSHEK, ABRAHAM
388 SAXONY I
DELRAY BEACH FL 33446

7. Name and Address of New Registered Agent
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
TITLE P GIRSHEK, ABRAHAM VPD
NAME STREET ADDRESS SAXONY I 388 KINGS PT
CITY-ST-ZIP DELRAY BEACH FL
TITLE V BELOFSKY, BARRY
NAME STREET ADDRESS 401 SAXONY I
CITY-ST-ZIP DELRAY BCH
TITLE S WEINGARDEN, LOUIS SD
NAME STREET ADDRESS 415 SAXONY I
CITY-ST-ZIP DELRAY BEACH FL
TITLE DD BARKOFF, MI KEY
NAME STREET ADDRESS 398 SAXONY I
CITY-ST-ZIP DELRAY BCH FL
TITLE D BROBOWSKY, SEYMOUR
NAME STREET ADDRESS SAXONY I 416
CITY-ST-ZIP DELRAY BEACH FL
TITLE T ROSENFELD, MATTHEW TO
NAME STREET ADDRESS 400 SAXONY I
CITY-ST-ZIP DELRAY BEACH FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME D Belofsky, Barry
STREET ADDRESS 401 SAXONY I
CITY-ST-ZIP DELRAY BEACH FL
TITLE NAME P Korman, Murray
STREET ADDRESS 421 SAXONY I
CITY-ST-ZIP DELRAY BEACH FL
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE 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: Louis Weingarden Sec. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)