

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90100 008 ****61.25

DOCUMENT # 716446

1. Entity Name

MURRY HILLS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3240 CYNTHIA LANE
 LAKE WORTH FL 33461**

**3240 CYNTHIA LANE
 LAKE WORTH FL 33461**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1582567

Applied For

Not Applicable

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

**GELFAND, MICHAEL J.
 ONE CLEARLAKE CENTER
 250 AUSTRALIAN AVE., S., STE 1010
 W. PALM BEACH FL 33401**

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	PD	<input type="checkbox"/> Delete
NAME	BECKER, JOHN	
STREET ADDRESS	3080 LAKE OSBORNE DR	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	EXLINE, RONALD	
STREET ADDRESS	3120 CYNTHIA LN 3204	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KARL, ELIZABETH	
STREET ADDRESS	3240 LAKE OSBORNE DR #211	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HANDY, FRANCES	
STREET ADDRESS	3402 CYNTHIA LN #207	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	BOBECKI, HELEN	
STREET ADDRESS	2840 CYNTHIA LN #106	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Exline, Ronald	
STREET ADDRESS	3120 Cynthia Lane #204	
CITY-ST-ZIP	Lake Worth, FL 33461	
TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Woebse, William	
STREET ADDRESS	3320 Lake Osborne Dr. #102	
CITY-ST-ZIP	Lake Worth, FL 33461	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bobecki, Helen	
STREET ADDRESS	2840 Cynthia Lane #106	
CITY-ST-ZIP	Lake Worth, FL 33461	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Swartz, Lester	
STREET ADDRESS	2960 Cynthia Lane #111	
CITY-ST-ZIP	Lake Worth, FL 33461	
TITLE	ASD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Karl, Elizabeth	
STREET ADDRESS	3240 Lake Osborne Dr. #211	
CITY-ST-ZIP	Lake Worth, FL 33461	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (10/00)