

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753632

1. Entity Name

NEW FLORESTA HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

C/O HAWK-EYE MGMT INC
3901 N FED HWY SUITE 202
BOCA RATON FL 33431
US

Mailing Address

C/O HAWK-EYE MGMT INC
3901 N FED HWY SUITE 202
BOCA RATON FL 33431
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

59-2746794

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., ESQ.
250 AUSTRALIAN AVE. S., SUITE 1010
WEST 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME PD
STREET ADDRESS MANSELL, PATRICK
CITY-ST-ZIP 2911 N.W. 27TH AVE
BOCA RATON FL 33434 ☒ Delete

TITLE
NAME JEFF ROSENFELD S/D
STREET ADDRESS 2795 N.W. 29TH AVE
CITY-ST-ZIP BOCA RATON, FL 33434 ☐ Change ☒ Addition

TITLE
NAME D
STREET ADDRESS CASTLE, JOHN
CITY-ST-ZIP 2615 NW 29TH DR
BOCA RATON FL 33433 ☐ Delete

TITLE
NAME V/D
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME D
STREET ADDRESS ABBOTT, JOHN
CITY-ST-ZIP 2574 N.W. 29TH DR
BOCA RATON FL 33434 ☒ Delete

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

TITLE
NAME T
STREET ADDRESS JEFF COLEMAN
CITY-ST-ZIP 2551 N.W. 27TH STREET
BOCA RATON FL ☐ Delete

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

TITLE
NAME D
STREET ADDRESS ZONA, KAREN
CITY-ST-ZIP 2801 NW 26TH COURT
BOCA RATON FL 33434 ☐ Delete

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

TITLE
NAME D
STREET ADDRESS VAN TREESE, CLIFF
CITY-ST-ZIP 2713 NW 27TH AVENUE
BOCA RATON FL 33434 ☐ Delete

TITLE
NAME P/D
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

Date

Daytime Phone #

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90002 034 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)