

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90021 016 ****61.25

DOCUMENT # N20235

1. Entity Name

WELLESLEY AT LAKE CLARKE SHORES HOMEOWNERS ASSOC

Principal Place of Business

C/O G.R.S. MANAGEMENT
 3900 WOODLAKE BLVD. STE. 201
 LAKE WORTH FL 33463
 US

Mailing Address

C/O G.R.S. MANAGEMENT
 3900 WOODLAKE BLVD. STE. 201
 LAKE WORTH FL 33463
 US

2. Principal Place of Business

C/O CMC MANAGEMENT

Suite, Apt. #, etc.

2994 JOG RD STE B

City & State

GREENACRES, FL.

Zip

33467

Country

3. Mailing Address

C/O CMC MANAGEMENT

Suite, Apt. #, etc.

2994 JOG RD, STE B

City & State

GREENACRES, FL.

Zip

33467

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2794230

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GELFAND, MICHAEL
ONE CLEARLAKE PLAZA, 1010
250 AUSTRALIAN AVE. SOUTH
W PALM BCH FL 33401

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	PD	<input type="checkbox"/> Delete
NAME	STEVENS, EDWARD	
STREET ADDRESS	8150 D BRIDGEWATER CT	
CITY-ST-ZIP	LAKE CLARKE SHORES FL 33406	
TITLE	1VD	<input checked="" type="checkbox"/> Delete
NAME	NENON, ELOISE	
STREET ADDRESS	8156-D CHELSEA CT	
CITY-ST-ZIP	LAKE CLARKE SHORES FL 33406	
TITLE	DT	<input type="checkbox"/> Delete
NAME	PIPER, DENNIS	
STREET ADDRESS	8157-B ANDOVER CT	
CITY-ST-ZIP	LAKE CLARKE SHORES FL 33406	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WELCH, LYDIA	
STREET ADDRESS	8147 C BRIDGEWATER CT	
CITY-ST-ZIP	LAKE CLARKE SHORES FL 33406	
TITLE	2VD	<input checked="" type="checkbox"/> Delete
NAME	TALBERT, PHILLIP	
STREET ADDRESS	8169-D ANDOVER CT	
CITY-ST-ZIP	LAKE CLARKE SHORES FL 33406	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DR William J. Thorp	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	8151-B Bridgewater Ct.	
STREET ADDRESS	Lake Clarke Shores, FL 33406	
CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACQUELIN M. SEMBRIC	
STREET ADDRESS	8105-A OAKTON CT.	
CITY-ST-ZIP	LAKE CLARKE SHORES, FL 33406-8456	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 of Michael Gelfand, President

3/15/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)