

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90016 007 ****61.25

DOCUMENT # 757076

1. Entity Name

TAHITI COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

314 VENETIAN DR

314 VENETIAN DR

~~PO BOX 1680~~

~~PO BOX 1680~~

DELRAY BCH FL 33483-6772

DELRAY BCH FL 33483-6772

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

59-2089650

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

~~FERGUSON, ANGUS~~
~~314 VENETIAN DR.~~
~~DELRAY BCH FL 33483~~

Name **THOMAS W. MELBA**

Street Address (P.O. Box Number is Not Acceptable)

1920 S. OCEAN BLVD

City **DELRAY BEACH FL** Zip Code **33483**

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

THOMAS W. MELBA MAR 20, 01

(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 **DVP** ☒ Delete
NAME **FERGUSON, ANGUS**
STREET ADDRESS **287 NORTH ROAD NE**
CITY-ST-ZIP **WARREN OH 44483**

TITLE **DD** ☒ Change ☐ Addition
NAME **THOMAS W. MELBA**
STREET ADDRESS **1920 S. OCEAN BLVD**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **DS** ☒ Delete
NAME **HALVARSSON, DAN**
STREET ADDRESS **SODERMANNAGATAN 9, ITA**
CITY-ST-ZIP **STOCKHOLM, SWEDEN**

TITLE **VDT** ☒ Change ☐ Addition
NAME **IRWIN ALBERSTAT**
STREET ADDRESS **23 WEST 73 ST. #501**
CITY-ST-ZIP **NEW YORK, NY 10023**

TITLE **PD** ☒ Delete
NAME **FURLONG, PATRICK**
STREET ADDRESS **2035 WILLISTEAD CR,**
CITY-ST-ZIP **ONTARIO CA**

TITLE **SD** ☒ Change ☐ Addition
NAME **WILLIAM CROSS**
STREET ADDRESS **20410 FREDERICK RD.**
CITY-ST-ZIP **GERMANTOWN, MD 20876**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED THOMAS W. MELBA, MAR 20, 01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)