

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91075 003 \*\*\*\*\*70.00

**DOCUMENT # 738666**

1. Entity Name

**DELRAY GOLF VIEW CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

APT 6A  
625 SW 20TH CT.  
DELRAY BEACH FL 33445  
US

Mailing Address

625 SW 20TH CT  
APT 6A  
DELRAY BCH FL 33445  
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

**59-1806561**

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

**WHEELER, ELIZABETH**  
**625 S.W. 20TH COURT, #6A**  
**DELRAY BEACH FL 33445**

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	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
D	ROBINSON, EDWARD J	645 SW 20TH CT. #10C	DELRAY BEACH FL	<input type="checkbox"/>
SD	KOEHLER, DOLORES, J	645 SW 20 CT #8C	DELRAY BEACH FL	<input type="checkbox"/>
D	WALLACE, HERME R	119 LIVEOAK LN	BOYNTON BCH FL	<input type="checkbox"/>
TD	WHEELER, ELIZABETH	625 SW 20TH CT., #6A	DELRAY BEACH FL	<input type="checkbox"/>
PD	RUBIN, KENNETH	4251 BRANDON DR.	DELRAY BEACH FL	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Edward J. Robinson* EDWARD J ROBIN 5/17/01 561-274-9006

CR2E037 (10/00)