

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005554

1. Entity Name

STUART 95 PLAZA PROPERTY OWNERS' ASSOCIATION, IN

FILED
Aug 17, 2001 8:00 am
Secretary of State

08-17-2001 90003 009 ****61.25

0010746

Principal Place of Business

%MARVIN ROSENBERG
125 CHATEAUX DR
PALM BEACH FL 33480

Mailing Address

%MARVIN ROSENBERG
125 CHATEAUX DR
PALM BEACH FL 33480

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

65-0737332

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSENBERG, MARVIN
125 CHATEAUX DR.
PALM BEACH FL 33480

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
After September 12, 2001, min. will be \$236.25

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 D
NAME ROSENBERG, MARVIN
STREET ADDRESS 125 CHATEAUX DRIVE
CITY-ST-ZIP PALM BEACH FL 33480 ☐ Delete

TITLE D
NAME SWEREN, MARTIN
STREET ADDRESS %322-B ROYAL POINCIANA PLAZA
CITY-ST-ZIP PALM BEACH FL 33480 ☐ Delete

TITLE D
NAME LEVIN, STEPHEN A
STREET ADDRESS %322-B ROYAL POINCIANA PLAZA
CITY-ST-ZIP PALM BEACH FL 33480 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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NAME
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 another like empowered.

SIGNATURE:

Marvin Rosenberg
SIGNATURE REQUIRED

7/15/01

561-655-1700

CR2E037 (5/01)



DO NOT WRITE IN THIS SPACE