

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90052 050 *****70.50

DOCUMENT # 738666

1. Entity Name

DELRAY GOLF VIEW CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

1280 DELRAY LAKES DR.
 Suite, Apt. #, etc.

3. Mailing Address

1280 DELRAY LAKES DR.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

4. FEI Number

59-1806561

Applied For

Not Applicable

Zip

33444

Country

Zip

33444

Country

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **HERME WALLACE**

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

312 LIVE OAKS LANE

City

BOYNTON BEACH,

FL

Zip Code

33436

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

[Handwritten Signature]

2-14-02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUCE HATFIELD	
STREET ADDRESS	4977 PINEVIEW CIRCLE	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TODD MASON	
STREET ADDRESS	9277 LAKESIDE LANE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIA RODRIGUEZ	
STREET ADDRESS	645 SW 20th Court, #9C	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	
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 empowers.

SIGNATURE:

[Handwritten Signature]

2-14-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)