

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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