

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90097 033 ****61.25

DOCUMENT # 753696

1. Entity Name

DELRAY LAKES ESTATES HOMEOWNERS' ASSOCIATION, IN C.

Principal Place of Business

Mailing Address

% BENCHMARK PROPERTY MANAGEMENT, INC.
7932 WILES ROAD
CORAL SPRINGS FL 33067
US

% BENCHMARK PROPERTY MANAGEMENT, INC.
7932 WILES ROAD
CORAL SPRINGS FL 33067
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

59-2674063

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

KAYE & POGER PA
6261 NW 6TH WAY
FORT LAUDERDALE FL 33309

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	DVP	<input checked="" type="checkbox"/> Delete
NAME	PASQUALE, ANTHONY	
STREET ADDRESS	15464 TALL OAK AVE	
CITY-ST-ZIP	DELRAY BCH. FL 33446	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BITTON, SAM	
STREET ADDRESS	15464 TALL OAK AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LEVINE, GENE	
STREET ADDRESS	15057 SWEETGUM AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	DEAN, HENRY	
STREET ADDRESS	15350 TALL OAK AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	D2V	<input type="checkbox"/> Delete
NAME	ELOISE, ANTHONY	
STREET ADDRESS	15141 SWEETGUM AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wolff, Stephen	
STREET ADDRESS	15432 Tall Oak Ave	
CITY-ST-ZIP	Delray Beach, FL 33446	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rohwedder, Patti	
STREET ADDRESS	8299 Sawpine Road	
CITY-ST-ZIP	Delray Beach, FL 33446	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bloise, Anthony	
STREET ADDRESS	15141 Sweetgum Ave	
CITY-ST-ZIP	Delray Beach, FL 33446	
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 fee empowered.

SIGNATURE:

SIGNATURE REQUIRED

2/13/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)