

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-27-2002 90444 050 ****61.25

DOCUMENT # **770573** ✓

1. Entity Name

Barclay at Hamptons West Condo Assoc, I

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Continental Group

3. Mailing Address

2950 N. 28 Terr.

Suite, Apt. #, etc.

2950 N. 28 Terr

Suite, Apt. #, etc.

Hollywood

City & State

Hollywood FL

City & State

FL

Zip
33020

Country
USA

Zip
33020

Country
USA

4. FEIN Number

59-2516745

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Katzman E Korr, P.A.**

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

5581 N. Oakland Park Blvd

2nd Floor

City **Lauderhill**

FL

Zip Code
33313

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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.

Leigh C. Katzman, Esq

5/20/02

NOTE: Registered Agent signature required when reappointing

DATE

FEE IS \$61.25

Initial or Amended UBR

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P JACK STRAUSS #505
8010 Hamptons Blvd.
N. Lauderdale, FL 33068**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP OMAR ORTIZ #211
8010 Hamptons Blvd.
N. Lauderdale, FL 33068**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D CARLOS GURGAL #214
8010 Hamptons Blvd.
N. Lauderdale, FL 33068**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S/T VICTORIA NAYLOR
8010 Hamptons Blvd.
N. Lauderdale, FL 33068**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered

SIGNATURE:

Victoria M Naylor Victoria Naylor 5/14/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0300

Daytime Phone #

CR2E037B (12/01)