

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90124 030 \*\*\*\*61.25

**DOCUMENT # N97000005723**

1. Entity Name

**BLUE HERON BAY AT IRIS GOLF AND COUNTRY CLUB HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

**5610 PGA BLVD., STE. 114  
PALM BEACH GARDENS FL 33418**

Mailing Address

**5610 PGA BLVD., STE. 114  
PALM BEACH GARDENS FL 33418**

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 **65-0808645**

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

**THE SUNRISE COMPANIES  
275 TONEY PENNA DRIVE  
#7  
JUPITER FL 33458**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KOENIG, ELLIOT</b> <b>7681 BLUE HERON WAY</b> <b>WEST PALM BEACH FL 33412</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CP</b> <b>COHEN, PAULA</b> <b>7641 BLUE HERON WAY</b> <b>WEST PALM BEACH FL 33412</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>TRINKOFF, BURTON</b> <b>7530 BLUE HERON WAY</b> <b>WEST PALM BEACH FL 33412</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ABRAMS, IRA</b> <b>7520 BLUE HERON WAY</b> <b>WEST PALM BEACH FL 33412</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CS</b> <b>MINEO, RICHARD</b> <b>7760 BLUE HERON WAY</b> <b>WEST PALM BEACH FL 33412</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MUDRICK, MURRAY</b> <b>7541 BLUE HERON WAY</b> <b>WEST PALM BEACH FL 33412</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>GORDON CADWGAN</b> <b>7731 BLUE HERON WAY</b> <b>WEST PALM BEACH, FL 33412</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>TOMAS RYAN</b> <b>7410 BLUE HERON WAY</b> <b>WEST PALM BEACH, FL 33412</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DA</b> <b>ARLENE FLEISCHMAN</b> <b>7181 BLUE HERON WAY</b> <b>WEST PALM BEACH, FL 33412</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: **X** **SIGNATURE REQUIRED** **PAULA COHEN** **3-12-03** **561-575-7792**

CR2E037 (10/02)