

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90351 002 ****61.25

DOCUMENT # 760674

1. Entity Name

SOUTHLAKE I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**1 VIA DE CASAS SUR
BOYNTON BEACH FL 33426**

Mailing Address

**ASSOC PROP MGMT
400 S DIXIE HWY #10
LAKEWORTH FL 33460
US**

2. Principal Place of Business

3. Mailing Address

ASSOCIATED PROPERTY MGMT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1928 LAKE WORTH RD.

City & State

City & State

LAKE WORTH FL

Zip

Country

Zip

Country

33461

USA

4. FEI Number **59-2157871**

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

**ASSOCIATED PROPERTY MGMT.
400 S. DIXIE HWY
SUITE 10
LAKE WORTH FL 34460**

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

1928 LAKE WORTH RD.

LAKE WORTH

FL

33461

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

Agent 4/15/03

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
**P
HARTLEY, RAY
3 VIA DE CASA SUR # 103
BOYNTON BEACH FL 33426** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
GOLDFARB, MELVIN
777 C HERITAGE HILLS
SOMERS, NY 10589** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
GOLDFARB, MELVIN
2 VIA DE CASAS SUR #103
BOYNTON BEACH FL 33426** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DAY, TINA
2 VIA DE CASAS SUR #204
BOYNTON BEACH, FL 33426** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ORDINI, CINDY C
3 VIA DE CASA SUR #201
BOYNTON BEACH FL 33426** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
WHEELAN, LOUISE
3 VIA DE CASAS SUR #103
BOYNTON BEACH FL 33426** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD ☐ Change ☐ 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: RAYMOND R HARTLEY 4-9-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)