

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/15/00

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90140 004 \*\*\*\*61.25

**DOCUMENT # 715588**

1. Entity Name

**DEERFIELD BEACH GARDENS CONDOMINIUM ASSOCIATION,**

Principal Place of Business

**400 S.E. 10TH STREET  
 DEERFIELD BEACH FL 33441**

Mailing Address

**400 S.E. 10TH STREET  
 DEERFIELD BEACH FL 33441-5581**

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

**59-1286795**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**O'BRIEN, GLORIA  
 1040 SE 4TH AVENUE, #321  
 DEERFIELD BEACH FL 33441**

7. Name and Address of New Registered Agent

Name  
**Domenic Carpani**  
 Street Address (P.O. Box Number is Not Acceptable)  
**400 S. E. Tenth St., A301**  
 City  
**Deerfield Beach** **FL** Zip Code  
**33441**

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

*Domenic Carpani*  
 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 NAME STREET ADDRESS CITY-ST-ZIP	DT OBRIEN, GLORIA 1040 SE 4TH AVE #321B DEERFIELD BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ANDERSON, HARRY 400 SE 4TH AVE, #109-A DEERFIELD BEACH FL 33441	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARPANI, DOMINIC 400 SE 10TH ST, #107-A DEERFIELD BEACH FL 33441	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RUSSOMANO, GERARD 400 SE 10TH ST, #307-A DEERFIELD BEACH FL 33441	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IOVANISCI, JEAN 1040 SE 4TH AVE #323-B DEERFIELD BEACH FL 33441	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAGANO, RICHARD 1040 SE 4TH AVE #332-B DEERFIELD BEACH FL 33441	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President CARPANI, DOMINIC 400 S.E. Tenth St., A301 Deerfield Beach, Fl. 33441	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President IOVANISCI, JEAN 1040 SE 4th St. B323, Deerfield Beach	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Ernest Ziter 1040 S.E. 4th St., Deerfield Beach	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Palma A. Wehby 1040 S.E. 4th St. B226, Deerfield Beach	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Milton Berke 400 S.E. Tenth St., A203 Deerfield Beach, Fl. 33441	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Thomas Sperduto 400 S.E. Tenth St., A216 Deerfield Beach, Fl. 33441	<input type="checkbox"/> Change <input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/00

954-427-5577

Date

Daytime Phone #