

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728570

1. Entity Name

WINDEMERE HOUSE ASSOCIATION, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90129 011 ****61.25

Principal Place of Business

250 SOUTH OCEAN BOULEVARD
DELRAY BEACH FL 33483-6752

Mailing Address

250 SOUTH OCEAN BOULEVARD
DELRAY BEACH FL 33483-6782

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1860355

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SERGIO'S PROPERTY MANAGEMENT, INC.
60 VENETIAN DRIVE
DELRAY BEACH FL 33483

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	PD	<input type="checkbox"/> Delete
NAME	MAY, STEVEN J	
STREET ADDRESS	250 S. OCEAN BLVD., UNIT 263	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KERN, KEITH B	
STREET ADDRESS	250 S. OCEAN BLVD., UNIT 269	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MAYER, JOHN G	
STREET ADDRESS	250 S. OCEAN BLVD., UNIT 261	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D Kahn, Natalie	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	250 S. Ocean Blvd., Unit 270	
STREET ADDRESS	DeLray Beach, FL 33483	
CITY-ST-ZIP		
TITLE	D Goyette, Claire	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	250 S. Ocean Blvd., Unit 251	
STREET ADDRESS	DeLray Beach, FL 33483	
CITY-ST-ZIP		
TITLE	D Grossman, Jennifer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	250 S. Ocean Blvd., Unit 262	
STREET ADDRESS	DeLray Beach, FL 33483	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 like empowered.

SIGNATURE:

Steven J. May REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)