

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728570

1. Entity Name

WINDEMERE HOUSE ASSOCIATION, INC.

Principal Place of Business

250 SOUTH OCEAN BOULEVARD  
DELRAY BEACH FL 33483-6752

Mailing Address

250 SOUTH OCEAN BOULEVARD  
DELRAY BEACH FL 33483-6752

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

59-1860355

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 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 PD  
NAME MAY, STEVEN J  
STREET ADDRESS 250 S. OCEAN BLVD., UNIT 263  
CITY-ST-ZIP DELRAY BEACH FL

☐ Delete

TITLE VPD  
NAME KERN, KEITH B  
STREET ADDRESS 250 S. OCEAN BLVD., UNIT 269  
CITY-ST-ZIP DELRAY BEACH FL 33483

☐ Delete

TITLE TD  
NAME MAYER, JOHN G  
STREET ADDRESS 250 S. OCEAN BLVD., UNIT 261  
CITY-ST-ZIP DELRAY BEACH FL 33483

☐ Delete

TITLE D  
NAME KAHN, NATALIE  
STREET ADDRESS 250 S OCEAN BLVD UNIT 270  
CITY-ST-ZIP DELRAY BEACH FL 33403

☐ Delete

TITLE D  
NAME GOYETTE, CLAIRE  
STREET ADDRESS 250 S OCEAN BLVD UNIT 251  
CITY-ST-ZIP DELRAY BEACH FL 33403

☐ Delete

TITLE D  
NAME GROSSMAN, JENNIFER  
STREET ADDRESS 250 S OCEAN BLVD UNIT 262  
CITY-ST-ZIP DELRAY BEACH FL 33403

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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:

Steven J. May, President

2/7/01 954-429-2212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)