

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

04-28-2003 90182 038 ****61.25
FILED 728894

DOCUMENT # 728894

1. Entity Name
NICOLE APARTMENTS, INC.



03 MAY -6 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
% ASSOCIATED PROPERTY MANAGEMENT % ASSOCIATED PROPERTY MANAGEMENT
400 SOUTH DIXIE HWY., SUITE 10 400 SOUTH DIXIE HWY., SUITE 10
LAKE WORTH FL 33460 LAKE WORTH FL 33460

2. Principal Place of Business 3. Mailing Address
Associated Property Mgmt Associated Property Mgmt
Suite, Apt. #, etc. Suite, Apt. #, etc.
1928 LAKE WORTH RD. 1928 LAKE WORTH RD.
City & State City & State
LAKE WORTH, FL LAKE WORTH, FL
Zip Country Zip Country
33461 USA 33461 USA

☐ CHECK HERE IF MAKING CHANGES

03

4. FEI Number 59-2165894 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ASSOCIATED PROPERTY MANAGEMENT
400 S DIXIE HWY., SUITE 10
LAKE WORTH FL 33460

7. Name and Address of New Registered Agent

Associated Property Management
Street Address (P.O. Box Number is Not Acceptable)
1928 LAKE WORTH ROAD
City State Zip Code
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)

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

TITLE	PDS	<input checked="" type="checkbox"/> Delete
NAME	KARLSEN, VICTORIA	
STREET ADDRESS	720 N DIXIE HWY SUITE 301	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BERK, JACK	
STREET ADDRESS	704 XANADA PLACE	
CITY-ST-ZIP	JUPITER FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BELLIARD, LEONORA	
STREET ADDRESS	1105 S G ST STE 1	
CITY-ST-ZIP	LAKE WORTH FL 33462	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERK, JACK	
STREET ADDRESS	704 XANADA PL	
CITY-ST-ZIP	JUPITER, FL 33477	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARLSEN, VICTORIA	
STREET ADDRESS	720 N. DIXIE HWY. #301	
CITY-ST-ZIP	LANTANA, FL 33462	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTILLA	
STREET ADDRESS	1517 NO. "L" ST.	
CITY-ST-ZIP	LAKE WORTH, FL 33460	
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		
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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03 561 746 8685
Date Daytime Phone #

CR2E037 (10/02)

Attachment
Doc # 788894

90106762 20f2

RUN DATE: 3/25/03

RUN TIME: 12:16 PM

NICOLE APARTMENTS, INC.

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BOARD/COMMITTEE MEMBERS REPORT AS OF 03/25/03

NAME/ADDRESS	TITLE/E-MAIL	WORK/FAX	HOME/CELL	TERM EXPIRATION
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CLASS: PRESIDENT

JACK BERN 704 XANADU PL. JUPITER, FL 33477	PRESIDENT	C: 358-4887	746-8685	
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CLASS: VICE PRESIDENT

No Officers in This Class

CLASS: SECRETARY

VICTORIA KARLSEN 720 N. DIXIE HWY # 301 LANTANA, FL 33462	SECRETARY / TREASURER		586-6285	
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CLASS: TREASURER

VICTORIA KARLSEN 720 N. DIXIE HWY # 301 LANTANA, FL 33462	TREASURER / SECRETARY		586-6285	
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CLASS: DIRECTOR

ANTILLA 1517 NO "L" STREET LAKE WORTH, FL 33460	DIRECTOR			
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-- End of report --