

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733474

1. Entity Name

T C P B CONDOMINIUM ASSOCIATION, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90125 008 ****61.25

Principal Place of Business

Mailing Address

2810 HAVERHILL RD NORTH
WEST PALM BEACH FL 33417-2846

2810 HAVERHILL RD NORTH
WEST PALM BEACH FL 33415

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2165866

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

HILLEY, DONALD
11382 PROSPERITY FAMS RD
STE 124
PALM BEACH GARDENS FL 33410

Name SUE LEACH

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

2794 TENNIS CLUB DR. #105

WEST PALM BEACH

City

FL

Zip Code

33417

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)

SUE LEACH, SECRETARY 4-26-00

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 VD ☐ Delete
NAME GREENFIELD, BRUCE
STREET ADDRESS 2876 TENNIS CLUB DR #
CITY-ST-ZIP WEST PALM BEACH FL

TITLE PD ☐ Change ☐ Addition
NAME Shelley C. Walters
STREET ADDRESS 2820 Tennis Club Dr. # 308
CITY-ST-ZIP WPB, FL 33417

TITLE PD ☐ Delete
NAME REPPS, GALUSHA
STREET ADDRESS 2876 TENNIS CLUB DR #
CITY-ST-ZIP WEST PALM BEACH FL

TITLE VP ☐ Change ☐ Addition
NAME Joseph R. Anthony
STREET ADDRESS 2788 Tennis Club Dr # 405
CITY-ST-ZIP West Palm Beach FL 33417

TITLE D ☐ Delete
NAME TAUB, HERMAN
STREET ADDRESS 2876 TENNIS CLUB DR #
CITY-ST-ZIP WEST PALM BEACH FL

TITLE TR ☐ Change ☐ Addition
NAME Jeff Scott
STREET ADDRESS 2828 Tennis Club Dr. #208
CITY-ST-ZIP WPB FL 33417

TITLE D ☐ Delete
NAME GRABMAN, DOROTHY
STREET ADDRESS 2876 TENNIS CLUB DR #
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE Sec'y. ☐ Change ☐ Addition
NAME SUE LEACH
STREET ADDRESS 2794 TENNIS CLUB DR. #105
CITY-ST-ZIP WPB, FL 33417

TITLE S ☐ Delete
NAME BARNES, MARY
STREET ADDRESS 2820 TENNIS CLUB DR #203
CITY-ST-ZIP W PALM BCH FL

TITLE D ☐ Change ☐ Addition
NAME ANTHONY Russo
STREET ADDRESS 2828 TENNIS CLUB DR #202
CITY-ST-ZIP WPB, FL 33417

TITLE D ☐ Delete
NAME AHEARN, JEAN
STREET ADDRESS 2794 TENNIS CLUB DR #101
CITY-ST-ZIP W PALM BCH FL

TITLE D ☐ Change ☐ Addition
NAME Rhoda Minelli
STREET ADDRESS 2794 Tennis Club # 201
CITY-ST-ZIP WPB 33417

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:

SUE LEACH, SECRETARY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00
Date

34-684-3061
Daytime Phone #