

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733474

1. Entity Name

T C P B CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2810 HAVERHILL RD NORTH
WEST PALM BEACH FL 33417-2846

Mailing Address

2810 HAVERHILL RD NORTH
WEST PALM BEACH FL 33417-2846

2. Principal Place of Business

2800 Tennis Club Drive
Suite, Apt. #, etc.

3. Mailing Address

2800 Tennis Club Drive
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

DIREKTOR, KENNETH
500 AUSTRALIAN AVENUE SO.
9TH FLOOR
WEST PALM BEACH FL 33401

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

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
VD
GREENFIELD, BRUCE
2876 TENNIS CLUB DR #
WEST PALM BEACH FL ☒ Delete

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
JOE ANTHONY
2800 TENNIS CLUB DR.
WPB, FLA. 33417 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
2800 TENNIS CLUB DR.
WPB, FLA. 33417 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
SUE LEACH
2800 TENNIS CLUB DR.
WPB, FLA. 33417 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
2800 TENNIS CLUB DR.
WPB, FLA. 33417 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
JEFF SCOTT
2800 TENNIS CLUB DR.
WPB, FLA. 33417 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
ROBERTA GROOBERT
2800 TENNIS CLUB DR.
WPB, FLA. 33417 ☐ 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:

SIGNATURE REQUESTED Sue Leach, President 7/19/01 561-684-3061

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90016 019 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)