## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 06, 2000 8:00 am Secretary of State **DOCUMENT # 744793** 03-06-2000 90070 019 \*\*\*\*61.25 INLAND TOWERS CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 7020 MALF MOON CIR. 7020 HALF MOON CIRCLE 00032532 HYPOLUXO FL 33462-5434 NYPOLNXO FL 33462 us US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) YOUNG, RONALD E MALE MOON 1860 FOREST HILL BLVD., #105 WEST PALM BEACH FL 33406 City 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 when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. 🔼 Addition ☐ Change TITLE ☐ Delete TITLE Ronald & Young 7020 HALP MOCU CIR # 302 YOUNG, RONALD E. NAME NAME STREET ADDRESS STREET ADDRESS 7020 HALF MOON CIRCLE #302 Hypoluxo, FI 33462 CITY-ST-ZIP CITY-ST-ZIP HYPOLUXO FL **Addition** Change ☐ Delete TITLE ! V. Pres TITLE an Qurantino KARADAVIS, COSTES NAME NAME 506 NW 8th CH STREET ADDRESS STREET ADDRESS 815 W. PALM ST. Boynton Bch F1 33426 CITY-ST-ZIP CITY-ST-ZIP LANTANA FL ☐ Change ☐ Addition TITLE TITLE Delete NAME CLAVEL, BENJAMIN NAME STREET ADDRESS STREET ADDRESS 418 MINN. ST. CITY-ST-ZIP CITY-ST-ZIE LANTANA FL Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE □ Defete TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

2/10/200

561-588-0081