

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0018213

DOCUMENT # 747159

1. Entity Name

**OPERATING ASSOCIATION FOR PALM LAKES CONDOMINIUM
, INC.**

Principal Place of Business

**7230 LAKE CIRCLE DR.
MARGATE FL 33063-8719**

Mailing Address

**7230 LAKE CIRCLE DR.
MARGATE FL 33063-8719
US**

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

59-1913454

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BECKER & GARY A POLIAKOFF P A
3111 STIRLING ROAD
FT. LAUDERDALE FL 33312-3525**

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

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	SD	☐ Delete
NAME	BECKER, TONI	
STREET ADDRESS	7210 LAKE CIRCLE DR #408	
CITY-ST-ZIP	MARGATE FL	
TITLE	PD	☐ Delete
NAME	HARRIS, IDA	
STREET ADDRESS	7320 LAKE CIRCLE DR, #102	
CITY-ST-ZIP	MARGATE FL	
TITLE	D	☐ Delete
NAME	KAISER, MORTON	
STREET ADDRESS	363 ROCK ISLAND RD #201	
CITY-ST-ZIP	MARGATE FL	
TITLE	VD	☐ Delete
NAME	RIZZI, GUY	
STREET ADDRESS	363 ROCK ISLAND RD.	
CITY-ST-ZIP	MARGATE FL	
TITLE	D	☒ Delete
NAME	LIPSIT, DAVID	
STREET ADDRESS	357 ROCK ISLAND RD, APT 308	
CITY-ST-ZIP	MARGATE FL	
TITLE	TD	☐ Delete
NAME	WESTREICH, JEROME	
STREET ADDRESS	260 NW 76TH AVE	
CITY-ST-ZIP	MARGATE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☒ Change ☐ Addition
NAME	Harris, Ida	
STREET ADDRESS	7320 Lake Circle Dr. #102	
CITY-ST-ZIP	Margate, Fl. 33063	
TITLE	VD	☒ Change ☐ Addition
NAME	Kaiser, Morton	
STREET ADDRESS	363 Rock Island Dr. # 201	
CITY-ST-ZIP	Margate, Fl 33063	
TITLE	PD	☒ Change ☐ Addition
NAME	Rizzi, Guy	
STREET ADDRESS	363 Rock Island Dr. #102	
CITY-ST-ZIP	Margate, Fl. 33063	
TITLE	D	☐ Change ☒ Addition
NAME	Heller, Marion	
STREET ADDRESS	363 Rock Island Dr. #107	
CITY-ST-ZIP	Margate, Fl. 33063	
TITLE		☐ Change ☐ 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 REQUIRED

3-20-02 954-977-1719

Date

Daytime Phone #

CR2E037 (9/01)