

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

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

1/1

01-17-2003 90025 013 \*\*\*\*\*70.00

**DOCUMENT # 748008**

1. Entity Name

**EAST VIEW OF DELRAY BEACH CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

2238 SPANISH TRAIL A  
DELRAY BEACH FL 33483

Mailing Address

2238 SPANISH TRAIL A  
DELRAY BEACH FL 33483

2. Principal Place of Business

2238 SPANISH TRAIL A

3. Mailing Address

2238 SPANISH TRAIL

Suite, Apt. #, etc.

1

Suite, Apt. #, etc.

1

City & State

DELRAY BEACH, FLORIDA

City & State

DELRAY BEACH, FLORIDA

Zip

33483

Country

FLORIDA

Zip

33483

Country

USA

6. Name and Address of Current Registered Agent

GARNETT, EDWARD  
2238-A SPANISH TRAIL  
DELRAY BEACH FL 33483

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. 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)

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  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	SP	<input type="checkbox"/> Delete
NAME	GARNETT, EDWARD	
STREET ADDRESS	2238 SPANISH TRAIL A	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<del>ADDITIONAL OFFICER</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MICHAEL GARNETT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2238 SPANISH TRAIL A	
STREET ADDRESS	DELRAY BEACH, FL 33483	
CITY-ST-ZIP		
TITLE	MICHAEL GARNETT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2238 SPANISH TRAIL A	
STREET ADDRESS	DELRAY BEACH, FL 33483	
CITY-ST-ZIP		
TITLE	EDWARD GARNETT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2238 SPANISH TRAIL A	
STREET ADDRESS	DELRAY BEACH, FL 33483	
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 REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-7-03 954-663-4153

Daytime Phone #

CR2037 (10/02)