

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752523

1. Entity Name

VIKING ARMS CONDOMINIUM ASSOCIATION, INC.

FILED

Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90048 003 ****61.25

Principal Place of Business

1527 S. FLAGLER DR.
WEST PALM BEACH FL 33401

Mailing Address

1527 S. FLAGLER DR.
WEST PALM BEACH FL 33401

2. Principal Place of Business

1527 S. FLAGLER DR.

3. Mailing Address

1527 S. FLAGLER DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

W.P.B., FL

City & State

W.P.B., FL

4. FEI Number

59-2034895

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BECKER & POLIAKOFF, P.A.
450 AUSTRALIAN AVE. S.
7TH FLOOR
WEST PALM BEACH FL 33401-2034

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 the applicant

(NOTE: Registered Agent signature required when reinstating)

DATE

No Change to Registered Agent

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 PD
NAME ZERFOSS, JUDITH
STREET ADDRESS 1527 S. FLAGLER DR. #316
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE VD
NAME O'CONNOR, RUTH
STREET ADDRESS 1527 S. FLAGLER DR #303
CITY-ST-ZIP W PALM BEACH FL 33401

TITLE D
NAME HILL, SYLVIA
STREET ADDRESS 1601 S FLAGLER DR #107
CITY-ST-ZIP W. PALM BEACH FL 33401

TITLE T
NAME FRIEDMAN, PHIL
STREET ADDRESS 960 ALLAMANDA
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V.P.
NAME Angela Apicella
STREET ADDRESS 1527 S. Flagler Dr. #216-F
CITY-ST-ZIP W.P.B., FL 33401

TITLE SECRETARY
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Director
NAME Tish MORALES
STREET ADDRESS 1601 S. Flagler Dr
CITY-ST-ZIP W.P.B., FL 33401

TITLE
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: SYLVIA A. HILL 3/5/02 804-9419

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)