

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755980

1. Entity Name

THE POINT AT DELRAY CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

Mailing Address

243 CANAL POINT SOUTH
DELRAY BEACH FL 33444-1870

243 CANAL POINT SOUTH
DELRAY BEACH FL 33444-1870

2. Principal Place of Business

3. Mailing Address

243 CANAL PT. SO.

Suite, Apt. #, etc.
DELRAY BEACH

Suite, Apt. #, etc.

City & State

FLORIDA

City & State

4. FEI Number

59-2256777

Applied For

Not Applicable

Zip

Country

Zip

Country

33444

PALM BEACH

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUMP, JUDITH A
111 CANAL PT NO
DELRAY BEACH FL 33444

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPO ☐ Delete
NAME ALEXANDER, CHARLES
STREET ADDRESS 140 CANAL PT. SO.
CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME WOEHLER, ANNE
STREET ADDRESS 118 CANAL PT. SO.
CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME SVIRK, CHUCK SR.
STREET ADDRESS 2337 SW 23RD CRANBROOK DR.
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PSD ☐ Delete
NAME NURO, GENIE
STREET ADDRESS 140 CANAL POINTS
CITY-ST-ZIP DELRAY BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME BUMP, JUDY
STREET ADDRESS 111 CANAL PT. NO.
CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GOMER, TINA
STREET ADDRESS 129 CANAL PT. SO.
CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JUDITH A BUMP 3-16-00 561-589-232

CR2F037/9/00