2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an

SIGNATURE:

Feb 21, 2001 8:00 am **DOCUMENT # 755980 Secretary of State** 02-21-2001 90058 042 ****61.25 THE POINT AT DELRAY CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 243 CANAL POINT SOUTH 243 CANAL POINT SOUTH DELRAY BEACH FL 33444-1870 DELRAY BEACH FL 33444-1870 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2256777 Not Applicable Zip Zip \$8.75 Additional= Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BUMP, JUDITH A WO 111 CANAL PT-NO DELRAY BEACH FL 33444 8. The above named entity submits this statement for the purpose of manging its registered office or registered age SIGNATURE (NOTE: Registered Agent signature required when reinstating) **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11, DENNIS DAILEY - SECRETARY Change TITLE ☐ Delete TITLE NAME ALEXANDER, CHARLES NAME PESTCANAL POINT SOUTH #123 STREET ADDRESS STREET ADDRESS 140 CANAL PT. SO. CITY-ST-7IP CITY-ST-ZIP DELRAY BEACH. **DELRAY BEACH FL 33444** DIRECTOR Addition TITLE ☐ Delete TITLE ☐ Change ROGER DEY NAME NAME WOEHLE, ANNE STREET ADDRESS 5594_NASSAU_DR STREET ADDRESS 118 CANAL PT. SO. CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33444 RATON Delete TITLE PSD TITI F Change Addition NAME NAME NURO, GENIE STREET ADDRESS STREET ADDRESS 140 CANAL POINTS CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL TITHE 🚈 Delete TITLE ☐ Change ☐ Addition NAME BUMP, JUDY NAME STREET ADDRESS STREET ADDRESS 111 CANAL PT. NO. CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33444 Oelete TITI F TITLE ☐ Change ☐ Addition NAME GOMER, TINA NAME STREET ADDRESS STREET ADDRESS 129 CANAL PT. SO. CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33444** ☐ Addition TITLE TITLE ☐ Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED

IATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR Date Davims Phone #