

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757122

1. Entity Name

OLEANDER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6401 CONGRESS AVE
STE 140
BOCA RATON FL 33487
US

6401 CONGRESS AVE
STE 140
BOCA RATON FL 33487
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

59-2481731

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

LIPPMAN, KAREN
6401 CONGRESS AVE
STE 140
BOCA RATON FL 33487

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 PD
NAME BROZ, HENRY
STREET ADDRESS 5250 LAS VERDES CIRCLE #315
CITY-ST-ZIP DELRAY BEACH FL 33484 ☐ Delete

TITLE D
NAME Karen Cohen
STREET ADDRESS 5250 Las Verdes Circle
CITY-ST-ZIP Delray Beach FL 33484 ☐ Change ☒ Addition

TITLE VD
NAME INFOLD, JACK
STREET ADDRESS 5250 LAS VERDES CIRCLE #322
CITY-ST-ZIP DELRAY BEACH FL 33484 ☐ Delete

TITLE D
NAME Mel Cohen
STREET ADDRESS 5250 Las Verdes Circle
CITY-ST-ZIP Delray Beach FL 33484 ☐ Change ☒ Addition

TITLE TD
NAME MORRIS, WALTER L.
STREET ADDRESS 5250 LAS VERDES CIRCLE #101
CITY-ST-ZIP DELRAY BEACH FL 33484 ☐ Delete

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

TITLE SD
NAME GOLDSTEIN, CHARLOTTE
STREET ADDRESS 5250 LAS VERDES CIRCLE #116
CITY-ST-ZIP DELRAY BCH. FL 33484 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

3-5-01

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90521 013 ****61.25

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DO NOT WRITE IN THIS SPACE