

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-14-2003 90033 029 ****61.25

DOCUMENT # 758055

1. Entity Name

BEACH WALK EAST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**3201 S OCEAN BLVD
BOCA RATON FL 33487-2566
US**

Mailing Address

**3201 S OCEAN BLVD
BOCA RATON FL 33487-2566
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Highland Beach, FL

City & State

Highland Beach, FL

Zip

Country

Zip

Country

4. FEI Number **59-2119235**

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.
500 AUSTRALIAN AVENUE SOUTH, 9TH FLOOR
WEST PALM BEACH FL 33401**

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 NAME STREET ADDRESS CITY-ST-ZIP	VP QUINN, WILLIAM 3201 S. OCEAN BLVD. HIGHLAND BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHULTZ, DONALD 3201 S OCEAN BLVD HIGHLAND BEACH FL 33487	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FOMAN, MILTON 3201 S. OCEAN BLVD. HIGHLAND BCH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVERBERG, ROBERT 3201 SOUTH OCEAN BLVD. HIGHLAND BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT REHMET, RALPH 3201 S. OCEAN BLVD. HIGHLAND BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P President	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vice President	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Treasurer	☒ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)