

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760674

1. Entity Name

SOUTHLAKE I CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90092 039 ****61.25

Principal Place of Business

1 VIA DE CASAS SUR
BOYNTON BEACH FL 33426

Mailing Address

ASSOC PROP MGMT
400 S DIXIE HWY #10
LAKEWORTH FL 33460-4455
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

59-2157871

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

ASSOCIATED PROPERTY MGMT.
400 S. DIXIE HWY
SUITE 10
LAKE WORTH FL 34460

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 **PD** ☐ Delete
NAME **HARTLEY, RAY**
STREET ADDRESS **3 VIA DE CASAS SUR #103**
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE **SD** ☐ Change ☐ Addition
NAME **Louise Wheelan**
STREET ADDRESS **3 Via de Casas Sur #103**
CITY-ST-ZIP **BB. FL. 33426**

TITLE **VDT** ☐ Delete
NAME **GOLDFARB, MELVIN**
STREET ADDRESS **2 VIA DE CASAS SUR #103**
CITY-ST-ZIP **BOYNTON BEACH FL**

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

TITLE **D** ☐ Delete
NAME **CONSTANTINIORDINI, CINDY**
STREET ADDRESS **3 VIA DE CASA SUR #201**
CITY-ST-ZIP **BOYNTON BEACH FL**

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

TITLE **SD** ☐ Delete
NAME **BOBBE, SANDRA**
STREET ADDRESS **3 VIA DE CASASSUR, #104**
CITY-ST-ZIP **BOYNTON BCH FL**

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

TITLE **D** ☐ Delete
NAME **JOHNSON, CAROL**
STREET ADDRESS **3 VIA DE CASASSUR, #105**
CITY-ST-ZIP **BOYNTON BEACH FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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: *Ray Hartley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 1-00

Date

Daytime Phone #

CR2E037 (9/99)