

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

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90351 002 \*\*\*\*61.25

**DOCUMENT # 760674**

1. Entity Name

**SOUTHLAKE I CONDOMINIUM ASSOCIATION, INC.**



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  
US**

2. Principal Place of Business

3. Mailing Address

**ASSOCIATED PROPERTY MGMT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**1928 LAKE WORTH RD.**

City & State

City & State

**LAKE WORTH FL**

Zip

Country

Zip

Country

**33461**

**USA**

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**

**ASSOCIATED PROPERTY MANAGEMENT**  
Street Address (P.O. Box Number is Not Acceptable)

**1928 LAKE WORTH RD.**

**LAKE WORTH**

**FL**

**33461**

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

**Agent 4/15/03**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
HARTLEY, RAY  
3 VIA DE CASA SUR # 103  
BOYNTON BEACH FL 33426** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
GOLDFARB, MELVIN  
777 C HERITAGE HILLS  
SOMERS, NY 10589** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VTD  
GOLDFARB, MELVIN  
2 VIA DE CASAS SUR #103  
BOYNTON BEACH FL 33426** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DAY, TINA  
2 VIA DE CASAS SUR #204  
BOYNTON BEACH, FL 33426** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ORDINI, CINDY C  
3 VIA DE CASA SUR #201  
BOYNTON BEACH FL 33426** ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
WHEELAN, LOUISE  
3 VIA DE CASAS SUR #103  
BOYNTON BEACH FL 33426** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD** ☐ 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: RAYMOND R HARTLEY 4-9-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)