

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

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90121 020 ****61.25

DOCUMENT # 770775

1. Entity Name

LA PAZ RECREATION ASSOCIATION, INC.



Principal Place of Business

**75 NE 6 AVENUE
#206
DELRAY BEACH FL 33483**

Mailing Address

**75 NE 6 AVENUE
#206
DELRAY BEACH FL 33483**

2. Principal Place of Business

3. Mailing Address

**8300 University Dr.
Suite, Apt. #, etc.
#405**

Suite, Apt. #, etc.

City & State

Coral Springs FL

Zip

Country

Zip

Country

33065

USA

4. FEI Number **59-2658866**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ESTEBANEZ, ERIC
75 NE 6 AVENUE
#206
DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent

**United Community Mgmt Corp
Street Address (P.O. Box Number is Not Acceptable)
5300 University Dr.
#405
Coral Springs FL Zip Code 33065**

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

UNITED Community Mgmt Corp

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/1/03

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LENS, BETTY 7507 LA PAZ BLVD N102 BOCA RATON FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DRUCKER, WILLIAM 7508 LA PAZ CT BOCA RATON FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEVY, ROSE 7519 LA PAZ BLVD #C207 BOCA RATON FL 33433	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OBERLEDER, HOWARD 7508 LA PAZ CT #209 BOCA RATON FL 33433	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZ, ELSA 7546 LA PAZ BLVD #308 BOCA RATON FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TINKOFF, RHONDA 7448 LA PAZ BLVD #205 BOCA RATON FL 33433	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Betty Lens 7507 La Paz Blvd N 102 Boca Raton, FL 33433	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D mule JOE 7460 La Paz Place 310 Boca Raton FL 33433	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

Betty Lens

CR2E037 (10/02)