

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000007520****1. Entity Name**

ANGLER AVENUE PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of BusinessATTN: GREGORY E. YOUNG, ESQ.
250 ROYAL PALM WAY SUITE 300
PALM BEACH
33480

FL

Mailing AddressATTN: GREGORY E. YOUNG, ESQ.
250 ROYAL PALM WAY SUITE 300
PALM BEACH
33480

FL

2. Principal Place of Business

ATTN: GREGORY E. YOUNG, ESQ.

3. Mailing Address

ATTN: GREGORY E. YOUNG, ESQ.

Suite, Apt. #, etc.

ONE NORTH CLEMATIS STREET, SUITE 400

Suite, Apt. #, etc.

ONE NORTH CLEMATIS STREET, SUITE 400

City & State

WEST PALM BEACH

FL

City & State

WEST PALM BEACH

FL

Zip

33401

Country**Zip**

33401

Country**4. FEI Number**☒ Applied For
☐ Not Applicable**5. Certificate of Status Desired**☐ \$8.75 Additional Fee Required**6. Name and Address of Current Registered Agent**

ANGELL CORPORATE SERVICES, INC.

250 ROYAL PALM WAY SUITE 300

PALM BEACH

33480

US

FL

7. Name and Address of New Registered Agent**Name**

ANGELL CORPORATE SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)
ONE NORTH CLEMATIS STREET, SUITE 400**City**

WEST PALM BEACH

FL

Zip Code
33401**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 **JONATHAN E. COLE, PRESIDENT****05/01/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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**

TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN LARRY A	
STREET ADDRESS	202 ANGLER AVENUE	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUDI CLAUDIO A	
STREET ADDRESS	216 ANGLER AVENUE	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRIS EILEEN	
STREET ADDRESS	208 ANGLER AVENUE	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN BETTY	
STREET ADDRESS	202 ANGLER AVENUE	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLO ANTHONY	
STREET ADDRESS	350 SOUTH COUNTY ROAD	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: LARRY BROWN

D

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)