

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90128 036 ****61.25

DOCUMENT # N00774

1. Entity Name

RESIDENTS ASSOCIATION OF MAS VERDE, INC.

Principal Place of Business

Mailing Address

JOANNE M MARTIN
16 BRIDGETTE BLVD
LAKE WORTH FL 33463
US

%JOANNE M MARTIN
16 BRIDGETTE BLVD
LAKE WORTH FL 33463
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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN, JOANNE M
16 BRIDGETTE BLVD
LAKE WORTH FL 33463

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

JOANNE M. MARTIN

Joanne M. Martin

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 **P** ☐ Delete
 NAME **MARTIN, JOANNE M**
 STREET ADDRESS **16 BRIDGETTE BLVD**
 CITY-ST-ZIP **LAKE WORTH FL 33463**

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

TITLE **VP** ☐ Delete
 NAME **ROTZEIN, JACK**
 STREET ADDRESS **18 RICKS DR**
 CITY-ST-ZIP **LAKE WORTH FL 33463**

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

TITLE **SD** ☒ Delete
 NAME **SIMON, MARY**
 STREET ADDRESS **29 SUSAN CIR**
 CITY-ST-ZIP **LAKE WORTH FL 33463**

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

TITLE **D** ☐ Delete
 NAME **CHOOPS, FRANK**
 STREET ADDRESS **11 RACHAEL RD**
 CITY-ST-ZIP **LAKE WORTH FL 33463**

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

TITLE **AT** ☒ Delete
 NAME **MARTIN, JOANNE M**
 STREET ADDRESS **16 BRIDGETTE BLVD**
 CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE ☐ Change ☐ Addition
 NAME **TREASURER**
 STREET ADDRESS **SHIRLEY MURRAY**
 CITY-ST-ZIP **15 BRIDGETTE BLVD**
LAKE WORTH, FL 33463

TITLE **D** ☐ Delete
 NAME **FORREST, KENNETH**
 STREET ADDRESS **4 RACHAEL RD**
 CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE ☐ Change ☐ Addition
 NAME **SECRETARY - DIRECTOR**
 STREET ADDRESS **KENNETH FORREST**
 CITY-ST-ZIP **4 RACHAEL RD**
LAKE WORTH, FL 33463

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:

JOANNE M. MARTIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-642-7269

CP2E037 (9/01)

Attachment # N00774
Mas Verde
Residents Association

Additional Directors

Director - Seth Bellefontaine
93 Lisa Lane
Lake Worth, Fl. 33463

Director - Arlin Bieri
8 Lisa Lane
Lake Worth, Fl. 33463

Director - Sid Abel
99 Lisa Lane
Lake Worth, Fl. 33463
