

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

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

04-21-2003 91036 033 ****61.25

DOCUMENT # N00774

1. Entity Name

RESIDENTS ASSOCIATION OF MAS VERDE, INC.



Principal Place of Business

%JOANNE M MARTIN
16 BRIDGETTE BLVD
LAKE WORTH FL 33463
US

Mailing Address

%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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MARTIN, JOANNE M
16 BRIDGETTE BLVD
LAKE WORTH FL 33463

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **JOANNE M. MARTIN**

Joanne M. Martin

4-17-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	MARTIN, JOANNE M	
STREET ADDRESS	16 BRIDGETTE BLVD	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	VP	☐ Delete
NAME	ROTZEIN, JACK	
STREET ADDRESS	18 RICKS DR	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	D	☐ Delete
NAME	CHOOPS, FRANK	
STREET ADDRESS	11 RACHAEL RD	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	T	☐ Delete
NAME	MURRAY, SHIRLEY	
STREET ADDRESS	15 BRIDGETTE BLVD	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	SD	☒ Delete
NAME	FORREST, KENNETH	
STREET ADDRESS	4 RACHAEL RD	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SECT.	☐ Change ☒ Addition
NAME	SUE KLOTZ	
STREET ADDRESS	97 BRIDGETTE BLVD	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	FORREST KENNETH H	
STREET ADDRESS	4 RACHAEL RD	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	KATHY BOYD	
STREET ADDRESS	92 LISA LANE	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	BIEBI ARLIN	
STREET ADDRESS	8 LISA LANE	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	BELLE FONTAINE, SETH	
STREET ADDRESS	93 LISA LANE	
CITY-ST-ZIP	LAKE WORTH FL 33463	
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:

JOANNE M. MARTIN

Joanne M. Martin

4-17-03

561-642-7269

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/02)