

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000000381

1. Entity Name

PALM BAY CLUB HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90228 018 ****70.00

Principal Place of Business

Mailing Address

5752 VINTAGE OAKS CIR
DELRAY BEACH FL 33484

5752 VINTAGE OAKS CIR
DELRAY BEACH FL 33484

2. Principal Place of Business

3. Mailing Address

21045 Commercial Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Boca Raton, FL 33486

4. FEI Number
65-1147940

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired XXXX

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COBER CORPORATE AGENTS, INC.
2601 S BAYSHORE DR, 19TH FLOOR
MIAMI FL 33133

Name
William K. Isaacson C/O Lang Mgmt

Street Address (P.O. Box Number is Not Acceptable)

21045 Commercial Trail

City

Boca Raton

FL

Zip Code
33486

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

02-13-02

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 ☐ Delete
NAME D
STREET ADDRESS SUTTIN, EUGENE N
CITY-ST-ZIP 5752 VINTAGE OAKS CIR
DELRAY BEACH FL 33484

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

TITLE ☐ Delete
NAME D
STREET ADDRESS ROMANOWSKI, STEVEN
CITY-ST-ZIP 5752 VINTAGE OAKS CIR
DELRAY BEACH FL 33484

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

TITLE ☐ Delete
NAME D
STREET ADDRESS WEITZ, KENNETH
CITY-ST-ZIP 5752 VINTAGE OAKS CIR
DELRAY BEACH FL 33484

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/02

Date

Daytime Phone #

CR2E037 (9/01)