

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

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90238 046 \*\*\*\*61.25

**DOCUMENT # NO1000001817**

**1. Entity Name**  
**ST. JAMES PLACE CONDOMINIUM ASSOCIATION, INC.**



**Principal Place of Business**      **Mailing Address**  
1301 S.W. 10TH AVENUE, BLDG. J      1301 S.W. 10TH AVENUE, BLDG. J  
DELRAY BEACH FL 33444      DELRAY BEACH FL 33444

**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** **65-1103691**      **Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**HINNERS, BRIAN J**  
**1301 S.W. 10TH AVENUE, BLDG. J**  
**DELRAY BEACH FL 33444**

**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** \_\_\_\_\_  
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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**      **11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
PD	HINNERS, BRIAN J		
STREET ADDRESS	1301 S.W. 10TH AVENUE, BLDG. J		
CITY-ST-ZIP	DELRAY BEACH FL 33444		
SD	HINNERS, THOMAS G		
STREET ADDRESS	1301 S.W. 10TH AVENUE, BLDG. J		
CITY-ST-ZIP	DELRAY BEACH FL 33444		
TD	DENTRY, DEBORAH		
STREET ADDRESS	3540 FOREST HILL BLVD #203		
CITY-ST-ZIP	WEST PALM BEACH FL 33406		

**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      1/7/03 (56) 278-0053

CR2E037 (10/02)