

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

DOCUMENT # **NOT094**

1. Entity Name
**SOCIETY HILL HOMEOWNERS
ASSOCIATION, INC.**



FILED
03 SEP 10 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
ASSOCIATED PROPERTY MGMT
Suite, Apt. #, etc.
1928 LAKE WORTH RD
City & State
LAKE WORTH, FL
Zip
33461 Country
USA

3. Mailing Address
ASSOCIATED PROPERTY MGMT
Suite, Apt. #, etc.
1928 LAKE WORTH RD.
City & State
LAKE WORTH, FL
Zip
33461 Country
USA

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4. FEI Number
592469336

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

7. Name and Address of Current Registered Agent
Name
ASSOCIATED PROPERTY MANAGEMENT
Street Address (P.O. Box Number is Not Acceptable)
1928 LAKE WORTH
City
LAKE WORTH FL Zip Code
33461

**DO NOT WRITE
IN THIS SPACE**

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 **Agent** DATE **8/5/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25
Initial or Amended UBR

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 NAME STREET ADDRESS CITY-ST-ZIP	TO VERA, ANGELES 7786 HILL DR WEST PALM BEACH, FL 33415	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO VERA, Angeles 11571 ORANGE BLOSSOM LANE BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, DEBBIE 5516-E CANNON WAY WEST PALM BEACH, FL 33415	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000022476250 08/21/03--01021--001 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PD SHOREY, JAMES 781-D HILL DR. WEST PALM BEACH, FL 33415	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEISS, WENDY 833-D HILL DR. WEST PALM BEACH, FL 33415	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASHINGTON, LARRY 5040A SOCIETY PLACE EAST WEST PALM BEACH, FL 33415	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **9/4/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037B (12/02)