

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04298

1. Entity Name

WITNEY PROPERTY OWNERS ASSOCIATION, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90021 010 ****61.25

Principal Place of Business

Mailing Address

C/O PRIME MANAGEMENT GROUP INC
6300 PARK OF COMMERCE BLVD
BOCA RATON FL 33487-3290
US

C/O PRIME MANAGEMENT GROUP INC
6300 PARK OF COMMERCE BLVD
BOCA RATON FL 33487-8229
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

59-2481721

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWATT, MYRON I.
C/O PRIME MANAGEMENT GROUP INC
6300 PARK OF COMMERCE BLVD
BOCA RATON FL 33487

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

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 VPD ☒ Delete
NAME BLUM, HERMAN
STREET ADDRESS 15492 LAKES OF DELRAY BLVD.
CITY-ST-ZIP DELRAY BEACH FL

TITLE PD ☐ Change ☒ Addition
NAME SCHWARTZ, STEPHEN
STREET ADDRESS 15496 LAKES OF DELRAY BLVD, #103
CITY-ST-ZIP DELRAY BCH. FL 33484

TITLE D ☒ Delete
NAME STERLING, PEARL
STREET ADDRESS 15500 LAKES OF DELRAY BLVD. #204
CITY-ST-ZIP DELRAY BCH FL

TITLE IVPD ☐ Change ☒ Addition
NAME SCHWARTZ, MELVIN
STREET ADDRESS 15500 LAKES OF DELRAY BLVD. #208
CITY-ST-ZIP DELRAY BCH. FL 33484

TITLE PD ☒ Delete
NAME ALPERIN, SARA
STREET ADDRESS 15496 LAKES OF DELRAY BLVD.
CITY-ST-ZIP DELRAY BEACH FL

TITLE ZVPD ☐ Change ☒ Addition
NAME FOX, ROBERT
STREET ADDRESS 15492 LAKES OF DELRAY BLVD #207
CITY-ST-ZIP DELRAY BCH. FL 33484

TITLE ED ☐ Delete
NAME KRAVITZ, MAXWELL
STREET ADDRESS 15496 LAKES OF DELRAY, A1/105
CITY-ST-ZIP DELRAY BEACH FL

TITLE SD ☒ Change ☐ Addition
NAME KRAVITZ, MAXWELL
STREET ADDRESS 15496 LAKES OF DELRAY BLVD. #202
CITY-ST-ZIP DELRAY BCH. FL 33484

TITLE TD ☐ Delete
NAME SMELSON, KATE
STREET ADDRESS 15492 LAKES OF DELRAY, A1/103
CITY-ST-ZIP DELRAY BEACH FL

TITLE D ☐ Change ☒ Addition
NAME SISSERMAN, DAVID
STREET ADDRESS 15488 LAKES OF DELRAY BLVD, #204
CITY-ST-ZIP DELRAY BCH. FL 33484

TITLE D ☐ Delete
NAME HEISER, ESTHER
STREET ADDRESS 15500 LAKES OF DELRAY BLVD. #108
CITY-ST-ZIP DELRAY BCH FL 33434

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

Date

Daytime Phone #

CR2E037 (9/99)