

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90030 037 \*\*\*\*61.25

0035744

**DOCUMENT # N04298**

1. Entity Name

**WITNEY PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

5507 PEBBLE BROOK LANE  
 BOYNTON BEACH FL 33437-2401  
 US

5507 PEBBLE BROOK LANE  
 BOYNTON BEACH FL 33437-2401  
 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

**FEICHT, VICKI**  
**5507 PEBBLE BROOK LANE**  
**BOYNTON BEACH FL 33437**

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	<input checked="" type="checkbox"/> Delete
NAME	SCHWARTZ, STEVEN	
STREET ADDRESS	15496 LAKES OF DELRAY BLVD #103	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SMELSON, KATE	
STREET ADDRESS	15484 LAKES OF DELRAY BLVD. #103	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FOX, ROBERT	
STREET ADDRESS	15492 LAKES OF DELRAY BLVD #207	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KRAVITZ, MAXWELL	
STREET ADDRESS	15484 LAKES OF DELRAY BLVD #202	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SMELSON, KATE	
STREET ADDRESS	15484 LAKES OF DELRAY BLVD. #103	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	D	<input type="checkbox"/> Delete
NAME	SISSERMAN, DAVE	
STREET ADDRESS	15488 LAKES OF DELRAY BLVD #204	
CITY-ST-ZIP	DELRAY BEACH FL 33484	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VAREZQUEZ, LOUISE	
STREET ADDRESS	15496 LAKES OF DELRAY BLVD #206	
CITY-ST-ZIP	DELRAY Bch, FL 33484	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHWARTZ, MELVIN	
STREET ADDRESS	15500 LAKES OF DELRAY #208	
CITY-ST-ZIP	DELRAY BEACH, FL. 33484	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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**

3-19-02

Date

Daytime Phone #

CR2E037 (9/01)