

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05274

1. Entity Name

REBEKKA II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

312 SOUTH "O" STREET  
LAKE WORTH FL 33460

Mailing Address

ASSOC PROPERTY MGMT  
400 S. DIXIE HWY., #10  
LAKE WORTH FL 33460-4455  
US

2. Principal Place of Business

3. Mailing Address

231 S. FEDERAL HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
LAKE WORTH FL

Zip

Country

Zip

Country

33460

PALM BEACH

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASSOC PROPERTY MANAGEMENT  
400 SOUTH DIXIE HWY., #10  
LAKE WORTH FL 33460

Name

H.A. BEIDERBECKE PA CPA  
Street Address (P.O. Box Number is Not Acceptable)  
231 S FEDERAL HWY

City

LAKE WORTH

FL

Zip Code

33460

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

H.A. BEIDERBECKE

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	DP	<input type="checkbox"/> Delete
NAME	BENTLEY, ALFRED	
STREET ADDRESS	213 S O ST 2	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HAAPARRIEMI, JUKKA	
STREET ADDRESS	213 SOUTH O STREET	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ARONEN, BERTHA I.	
STREET ADDRESS	312 S. "O" ST.	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	
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	

i2. 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: H.A. BEIDERBECKE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Feb 16, 2000 8:00 am  
Secretary of State

02-16-2000 90038 044 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

1/28/00 561-585-6142  
Date Daytime Phone #