

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 26, 2001 8:00 am
Secretary of State

05-21-2001 90358 007 ****61.25

DOCUMENT # N05887			
1. Entity Name THE CHARTER CLUB OF PALM BEACH CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 200 FOXTAIL DR WEST PALM BEACH FL 33415		Mailing Address 200 FOXTAIL DR WEST PALM BEACH FL 33415	
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 59-2469338		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDREA JONES 205 FOXTAIL DR #C2 WEST PALM BEACH FL 33415		7. Name and Address of New Registered Agent Name: St. John Dicker, Krivok & Core PA Street Address (P.O. Box Number is Not Acceptable): 500 Australian Ave South Suite 600 City: West Palm Beach FL Zip Code: 33401	
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 		Scott A. Stoloff DATE: 05/02/01	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW! FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STEVE P FOLMER 209-A2 FOXTAIL DR WEST PALM BEACH, FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D COLGROVE, NORMAN 203 FOXTAIL DR #B3 WEST PALM BEACH FL 33415 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDREA JONES 205 FOXTAIL DR #C-2 WEST PALM BEACH, FL 33415 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D JOHN SYLVESTER 208 FOXTAIL DR #F3 WEST PALM BEACH, FL 33415 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MATT JIGGINS 207-F1 FOXTAIL DR WEST PALM BEACH FL 33415 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D DARRYL MILLER-MOORE 209 FOXTAIL DR #C3 WEST PALM BEACH FL 33415 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBARA BUCHAN 209-C4 FOXTAIL DR WEST PALM BEACH FL 33415 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELEANOR MILLER 206 FOXTAIL DR #F2 WEST PALM BEACH FL 33415 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LISA IENTILE 202 C2 FOXTAIL DR WEST PALM BEACH FL 33415 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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:  JOHN J. SYLVESTER		4-27-01 (561) 649-8585	
Signature and typed or printed name of signing officer or director		Date Daytime Phone #	

CR2E037 (11/00)