

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90091 017 \*\*\*\*61.25

0033610

**DOCUMENT # N05887**

1. Entity Name

**THE CHARTER CLUB OF PALM BEACH CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

200 FOXTAIL DR  
WEST PALM BEACH FL 33415

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALLEY, V. DONALD**  
**1382 PROSPERITY FARMS RD., STE. 124**  
**PALM BEACH GARDENS FL 33410**

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 NAME STREET ADDRESS CITY-ST-ZIP	SD COLGROVE, NORMAN 203 FOXTAIL DR. #B3 WEST PALM BEACH FL 33415	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SYLVESTER, JOHN 208 FOXTAIL DR. #F3 WEST PALM BEACH FL 33415	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOORE, DARRYL 209 FOXTAIL DR. #C3 WEST PALM BEACH FL 33415	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, ELEANOR 206 FOXTAIL DR. #F3 WEST PALM BEACH FL 33415	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	1st VP Jenkle, Joe 202 Foxtail Drive #C2 West Palm Beach, FL 33415	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2nd VP Sullivan, Jack 205 Foxtail Drive #F3 West Palm Beach, FL 33415	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Capps, Dawn 209 Foxtail Drive #D1 West Palm Beach, FL 33415	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 Sylvester*  
**JOHN SYLVESTER**

**3/26/02** (561) 649-8585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

attachment# N05887/625723

RUN DATE: 4/02/02  
RUN TIME: 4:51 PM

CHARTER CLUB OF PB CONDO ASSN INC.  
BOARD/COMMITTEE MEMBERS REPORT AS OF 04/02/02

PAGE 1

NAME/ADDRESS	TITLE/E-MAIL	WORK/FAX	HOME/CELL	TERM EXPIRATION
-----				
CLASS: BOARD OF DIRECTORS				
DARRYL MOORE 209 FOXTAIL DR # C3 WEST PALM BEACH , FL 33415	TREAS.	561-309-0635		
JOHN SYLVESTER 3465 POINCIANA DR UNIT 201 LAKE WORTH , FL 33467	PRESIDENT		561-968-6453	
JACK SULLIVAN 205 FOXTAIL DROVE #F3 WEST PALM BEACH , FL 33415	2ND VICE PRESIDENT		434-1556	
JOSEPH IENTILE 202 FOXTAIL DRIVE #C2 WEST PALM BEACH , FL 33415	1ST VICE PRESIDENT		561-433-2754	
DAWN CAPPIS 209 FOXTAIL DR #D1 WEST PALM BEACH , FL 33415	DIRECTOR	561-818-4938	561-964-8485	

-- End of report --