

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

0055984

DOCUMENT # N15216

1. Entity Name

CHARTER CAY CONDOMINIUM ASSOCIATION, INC.

03-12-2001 90009 020 ****70.00

Principal Place of Business

Mailing Address

C/O LANG MANAGEMENT COMPANY, INC.
~~5205 TOWN CENTER RD #200~~
 BOCA RATON FL 33486

C/O LANG MANAGEMENT COMPANY, INC.
~~5205 TOWN CENTER RD #200~~
 BOCA RATON FL 33486

2. Principal Place of Business

21045 COMMERCIAL TRAIL

3. Mailing Address

21045 COMMERCIAL TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL.

City & State

BOCA RATON, FL.

Zip

33486

Country

PALM BEACH

Zip

33486

Country

PALM BEACH

4. FEI Number

59-2610758

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

LANG MANAGEMENT CO.
~~5205 TOWN CENTER RD #200~~ 21045 COMMERCIAL TRAIL
 BOCA RATON FL 33486

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	PD EHRUCH, SAUL 19867-D PLANTERS BLVD. BOCA RATON FL 33434	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MORTON, LAZAR 19884-D PLANTERS BLVD. BOCA RATON FL 33434	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHERTER, SIDNEY 19849-A PLANTERS BLVD BOCA RATON FL 33434	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GREENFIELD, RICHARD 19884-A PLANTERS BLVD. BOCA RATON FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RATCHFORD, PATRICIA 19855-A PLANTERS BLVD BOCA RATON FL 33434	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FAITH BOOK 19861-C PLANTERS BLVD BOCA RATON, FL 33434	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MICHAEL ROSENBERG 19855-C PLANTERS BLVD BOCA RATON, FL 33434	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAEL ENGLENDER 19884-C PLANTERS BLVD BOCA RATON, FL 33434	☐ Change ☒ Addition
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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)