

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90332 022 ****61.25

DOCUMENT # N20353

1. Entity Name

PONTE DEL MAR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**911 S. OCEAN BLVD.
 BOCA RATON FL 33432
 US**

Mailing Address

**PONTE DEL MAR
 753 ATLANTIC STREET
 STAMFORD CT 06902
 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

06-1228346

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

**SALLEY, JOHN
 911 S. OCEAN BLVD. APT 3A
 BOCA RATON FL 33432**

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 **VD** ☒ Delete
 NAME **ZEISS, TAMMY**
 STREET ADDRESS **911 S. OCEAN BLVD., UNIT 4B**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TDS** ☐ Delete
 NAME **SALLEY, JOHN**
 STREET ADDRESS **911 S. OCEAN BLVD., UNIT 3-A**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE ☒ Change ☐ Addition
 NAME **Director/President**
 STREET ADDRESS **Salley John, Unit 3A**
 CITY-ST-ZIP **911 S. Ocean Blvd
 Boca Raton FL 33432**

TITLE **D** ☒ Delete
 NAME **ZEISS, MARION**
 STREET ADDRESS **911 S. OCEAN BLVD., UNIT 4B**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ Change ☒ Addition
 NAME **Director/Treasurer**
 STREET ADDRESS **John Zeiss**
 CITY-ST-ZIP **911 S. Ocean Blvd 4B
 Boca Raton FL 33432**

TITLE **VD** ☐ Delete
 NAME **JOSEPH, COLANDRA**
 STREET ADDRESS **911 S. OCEAN BLVD APT 3B**
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **FURIO, GARY**
 STREET ADDRESS **911 S. OCEAN BLVD., UNIT 2B**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **33432**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **Director/Secretary**
 STREET ADDRESS **James Cushing**
 CITY-ST-ZIP **911 S. Ocean Blvd 3C
 Boca Raton FL 33432**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Salley
3-3-01 561-338-2185

CR2E037 (10/00)