

2002 UNIFORM BUSINESS REPORT (UBR)

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 NAME STREET ADDRESS CITY-ST-ZIP	DP SALLEY, JOHN 911 S. OCEAN BLVD., UNIT 3-A BOCA RATON FL 33432	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CUSHING, JAMES 911 S OCEAN BLVD #3 C BOCA RATON FL 33432	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOSEPH, COLANDRA 911 S. OCEAN BLVD APT 3B BOCA RATON FL 33432	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FURIO, GARY 911 S. OCEAN BLVD., UNIT 2B BOCA RATON FL 33432	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ZEISS, JOHN 911 S OCEAN BLVD 4 B BOCA RATON FL 33432	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, S, Treasurer	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90179 037 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)