

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

03-14-2002 90013 047 ****61.25

DOCUMENT # N21704

1. Entity Name

PALM CHASE LAKES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3059 CENTER COURT DR.
 BOYNTON BEACH FL 33437

5859 CENTER COURT DR.
 BOYNTON BEACH FL 33437

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

59-2834981

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

GOLDEN, FRANK
10032 ANDREA LANE
BOYNTON BEACH FL 33437

Name

Joel Dlugasch

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

5869 Sunswep La

Boynton Beach

FL

Zip Code

33437

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

9/14/02

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		<input checked="" type="checkbox"/> Delete
NAME	GOLDEN, FRANK	
STREET ADDRESS	10032 ANDREA LANE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE		<input checked="" type="checkbox"/> Delete
NAME	DLUGASCH, JOEL	
STREET ADDRESS	5869 SONSWAPT LANE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE		<input checked="" type="checkbox"/> Delete
NAME	RUBIN, EUGENE	
STREET ADDRESS	10359 S. CIRCLE LK. DR. #101	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE		<input checked="" type="checkbox"/> Delete
NAME	ABRAMS, ARNOLD	
STREET ADDRESS	5794 JARETTE DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE		<input checked="" type="checkbox"/> Delete
NAME	BARATZ, ROLAND	
STREET ADDRESS	10473 BREEZY LAKE LANE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE		<input type="checkbox"/> Delete
NAME	GLORIA LICHTENBERG	
STREET ADDRESS	10255 N CIRCLE LK DR	
CITY-ST-ZIP	BOYNTON BCH FL 33437	

TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Golden Frank	
STREET ADDRESS	10032 Andrea La.	
CITY-ST-ZIP	Boynton Bch, FL 33437	D
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dlugasch Joel	
STREET ADDRESS	5869 Sunswapt La	
CITY-ST-ZIP	Boynton Bch FL 33437	D
TITLE	2nd Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eugene Rubin	
STREET ADDRESS	10359 S. Circle LK DR	
CITY-ST-ZIP	Boynton Bch, FL 33437	D
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Arthur Basch	
STREET ADDRESS	5926 Winter Lake La	
CITY-ST-ZIP	Boynton Bch, FL 33437	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gloria Lichtenberg	
STREET ADDRESS	10255 N Circle LK DR	
CITY-ST-ZIP	Boynton Bch, FL 33437	D

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

9 Jan 02

Date

Daytime Phone #

CR2E037 (9/01)

Attachment



3 8807

#

July 11, 2002

Divisions of Corporations
State of Florida
Annual report Section
P.O. Box 6327
Tallahassee, Florida 32314

Reference Number: N21704

Dear Sir/Madame:

In response to your most recent inquiry to the above reference number, Please be advised that I sent you back the corrected form on March 21st, 2002.

I cannot understand why you do not have this paperwork recorded. To facilitate you, I am again sending a photocopy of the original and have filled in in blue ink over the photocopy black print. Please correct your records and file the information accordingly.

Your prompt attention is appreciated. Also, I would like a confirmation from your office that this was handled properly. Please send it to my attention as Property Manager at the address at the bottom of this page.

Sincerely,

Joyce Ann Sorensen, LCAM
For the Board of Directors
Palm Chase Lakes Association

JAS

cc: File