

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31005

1. Entity Name

ROYAL HIDDEN COVE AT THE POLO CLUB HOMEOWNERS' A

FILED

May 16, 2000 8:00 am
Secretary of State

05-16-2000 90039 002 ****70.00

Principal Place of Business

Mailing Address

P.O. BOX 6286
SUITE 200A
BOCA RATON FL 33427
US

P.O. BOX 6286
SUITE 200A
BOCA RATON FL 33427
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

40 TRIAX GROUP

40 TRIAX GROUP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 6286

PO Box 6286

City & State

City & State

BOCA RATON FL

BOCA RATON FL

Zip

Country

Zip

Country

33427-6286

33427-6286

4. FEI Number

65-0266262

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NORTH, GLORIA O.
301 YAMATO ROAD, SUITE 4120
NORTHERN TRUST PLAZA
BOCA RATONCH, FL 33431

Name GLORIA O. NORTH

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

2300 GLADES ROAD #203-E

City BOCA RATON

FL

Zip Code 33431

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

Gloria O. North

2/23/00

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 DST ☒ Delete
NAME GUGELOT, STEPHANIE
STREET ADDRESS 16580 SENIERRA DRIVE
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE D/T ☐ Change ☒ Addition
NAME ZWICKAU, Peter
STREET ADDRESS 16539 Senterra Drive
CITY-ST-ZIP Delray Beach FL 33484

TITLE DP ☐ Delete
NAME FELDMAN, JACK
STREET ADDRESS 16740 SENTERRA DR
CITY-ST-ZIP DELRAY BEACH FL 33484

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

TITLE DV ☒ Delete
NAME EYAL, ALBERT
STREET ADDRESS 16500 SENTERRA DR
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE D/1ST VP ☐ Change ☒ Addition
NAME RUDNICK, MARISE
STREET ADDRESS 16530 Senterra Drive
CITY-ST-ZIP Delray Beach FL 33484

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D/S ☐ Change ☒ Addition
NAME WELLINGTON, Cary
STREET ADDRESS 16550 Senterra Drive
CITY-ST-ZIP Delray Beach FL 33484

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D/2ND VP ☐ Change ☒ Addition
NAME VANERSKY, HERB
STREET ADDRESS 16650 Senterra Drive
CITY-ST-ZIP Delray Beach, FL 33484

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/00

Date

561-999-8889

Daytime Phone #

CR2E037 (9/99)