

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90025 011 \*\*\*\*61.25

**DOCUMENT # N31749**

1. Entity Name

**ONE TEN APARTMENTS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O MARY MARTIN  
 110 N.E. 7TH AVENUE, APT. #4  
 DELRAY BEACH FL 33483-5434

C/O MARY MARTIN  
 110 N.E. 7TH AVENUE, APT. #4  
 DELRAY BEACH FL 33483-5434  
 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  
**59-0941887**

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

MARTIN, MARY  
 110 N.E. 7TH AVENUE  
 APT. #4  
 DELRAY BEACH FL 33483

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 PD ☐ Delete  
 NAME COOK, DAVID  
 STREET ADDRESS 110 NE 7TH AVENUE #1  
 CITY-ST-ZIP DELRAY BEACH FL

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

TITLE VD ☐ Delete  
 NAME GAHAGAN, PATRICIA  
 STREET ADDRESS 110 NE 7TH AVENUE #3  
 CITY-ST-ZIP DELRAY BEACH FL

TITLE ☒ Change ☐ Addition  
 NAME JOSEPH McNULTY  
 STREET ADDRESS 110 NE 7 Ave #2  
 CITY-ST-ZIP DELRAY BEACH FL

TITLE STD ☐ Delete  
 NAME MARTIN, MARY  
 STREET ADDRESS 110 NE 7TH AVENUE #4  
 CITY-ST-ZIP DELRAY BEACH FL

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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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:

*MARY MARTIN*  
 SIGNATURE REQUIRED

1-16-02 561-243-4654

CR2E037 (9/01)