

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90056 018 ****61.25

DOCUMENT # N32410

1. Entity Name
THE AVIARY HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**100 RIVERBRIDGE BLVD.
WEST PALM BEACH, FL 33413**

Mailing Address
**1928 LAKEWORTH ROAD
LAKE WORTH, FL 33461**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02242005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0319750

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DICKER, KRIVOK & STOLOFF, P.A.
1818 AUSTRALIAN AVENUE SOUTH, SUITE 400
WEST PALM BEACH, FL 33409**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SCHAFER, CARLA	
STREET ADDRESS	157 HARBOR LAKE CIR	
CITY-ST-ZIP	WEST PALM BEACH, FL 33413	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SHATTIE, DAVID	
STREET ADDRESS	114 HARBOR LAKE CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33413	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FEINBERG, HARRY	
STREET ADDRESS	105 HARBOR LAKE CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33413	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LAPORTE, RONALD	
STREET ADDRESS	182 HARBOR LAKE CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33413	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CASTLEMAN, BERNIE	
STREET ADDRESS	181 HARBOR LAKE CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33413	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTLEMAN, BERNIE	
STREET ADDRESS	181 HARBOR LAKE CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33413	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPATARA, JAMES	
STREET ADDRESS	167 HARBOR LAKE CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33413	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRONSWIG, RONALD	
STREET ADDRESS	119 HARBOR LAKE CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33413	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAPORTE, RONALD	
STREET ADDRESS	182 HARBOR LAKE CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33413	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Bernie Castleman* **BERNIE M. CASTLEMAN** 3/30/05 561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 924-1748