

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32723

1. Entity Name

HUNTINGTON POINTE II ASSOCIATION, INC.

Principal Place of Business

C/O PRIME MGMT
6300 PARK OF COMMERCE
BOCA RATON FL 33487
US

Mailing Address

C/O PRIME MGMT
6300 PARK OF COMMERCE
BOCA RATON FL 33487
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

65-0158672

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

Name

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

City

FL

Zip Code

PRIME MGMT, GROUP
6300 PK OF COMMERCE BLVD
BOCA RATON FL 33487

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
TD
LIEBERMAN, MILTON
6149 POINTE REGAL CIRCLE #406
DELRAY BEACH FL 33484 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
SAPPERSTEIN, RAPLH
6065 POINTE REGAL CIRCLE #105
DELRAY BCH FL 33484 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
Reisman, Herbert
6093 Poins Regal Circle #302
Delray Beach, FL 33484 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SONDIK, HAROLD
6269 PT REGAL CIR 408
DELRAY BCH FL 33484 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
OTTENBERG, LLOYD
6149 PT REGAL CIRCLE #308
DELRAY BCH FL 33484 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HAUSMAN, HERBERT
6037 POINTE REGAL CIRCLE #302
DELRAY BEACH FL 33484 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90692 013 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)