

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N36136

1. Entity Name

**B'NAI B'RITH APARTMENTS OF DEERFIELD BEACH,
II, INC.**



Principal Place of Business

**255 S.W. 3RD AVE
DEERFIELD BCH. FL 33441**

Mailing Address

**255 S.W. 3RD AVE
DEERFIELD BCH. FL 33441**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

65-0103051

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

**KONIGSBURG, LEONARD
1975 SE 3RD STREET
102
DEERFIELD BEACH FL 33441**

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

**FILE NOW: 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HAHAMOVITCH, DONALD E ESQ**
CITY- ST- ZIP **109 OXFORD CIRCLE
WILLIAMSBURG VA 23185**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
**UN00001232263
02/16/05-80067-013 61.25**

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **KONIGSBERG, LEONARD**
CITY- ST- ZIP **1000 S. FEDERAL HWY 200
DEERFIELD BCH. FL**

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

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **FENTIN, ARTHUR**
CITY- ST- ZIP **9831 HARBOR LAKES CIRCLE
BOYNTON BEACH FL 33437**

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **KINKER, LEONARD**
CITY- ST- ZIP **4710 NE 26 AVE
FORT LAUDERDALE FL 33308**

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **BUCHSBAUM, PHYLLIS**
CITY- ST- ZIP **10654 BEACH POINT COURT
BOYNTON BEACH FL 33437**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **COFFINO, GLADYS**
CITY- ST- ZIP **3003 PORTOLFINO ISLE M-3
COCONUT CREEK FL 33066**

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:

Leonard Konigsburg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #