

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) **03**

FILED

03 JUN 17 AM 10:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA

700020976847
06/18/03--01058--019 **87.50

DO NOT WRITE IN THIS SPACE

DOCUMENT # N46279

1. Entity Name

COMMUNITY PARTNERS DEVELOPMENT CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1963 10th AVENUE NORTH

Suite, Apt. #, etc.

3. Mailing Address

1963 10th AVENUE NORTH

Suite, Apt. #, etc.

City & State
LAKE WORTH, FLORIDA

City & State
LAKE WORTH, FLORIDA

4. FEI Number
65 - 0299888

Applied For
Not Applicable

Zip
33461

Country
USA

Zip
33461

Country
USA

5. Certificate of Status Desired **KX** \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name
KURT FREITER

Street Address (P.O. Box Number is Not Acceptable)
1963 10th AVENUE NORTH

City
LAKE WORTH FL Zip Code
33461

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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

FEE IS \$61.25
Initial or Amended UBR

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

TITLE PD
NAME
STREET ADDRESS
CITY-STATE-ZIP

KURT FREITER - CEO:CHAIRMAN:DIR.
1963 10th Avenue North
Lake Worth, Florida 33461

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE VPTD
NAME
STREET ADDRESS
CITY-STATE-ZIP

JON DARLING - CFO:VC:DIRECTOR
7391 Ventian Way
West Palm Beach, Florida 33406

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE SD
NAME
STREET ADDRESS
CITY-STATE-ZIP

RALPH D. HENDRICKSON - SECRTY:DIR.
7315 Venetian Way
West Palm Beach, Florida 33406

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

CEO:CHAIRMAN

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KURT FREITER APRIL 25, 2003 (561)586-5346

Date

Daytime Phone

CR2E037B (12/01)

9/6/03