# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 27, 2000 8:00 am**
**Secretary of State**
04-27-2000 90128 025 ****61.25

DOCUMENT # N95000000253

1. Entity Name

POLO TRACE HOMEOWNERS ASSOCIATION, INC

| Principal Place of Business | Mailing Address |
|---|---|
| 13481 POLO TRACE DRIVE<br>DELRAY BEACH, FLORIDA 33446 | |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0616362 ☐ 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 |
|---|---|
| SPENCER M. SAX, ESQ.<br>SACHS, SAX & KLEIN, P.A.<br>301 YAMATO ROAD, SUITE 4150<br>BOCA RATON, FLORIDA 33431 | Name: LARRY Z. GLICKMAN, ESQ<br>Street Address (P.O. Box Number is Not Acceptable): SACHS, SAX & KLEIN, P.A.<br>301 YAMATO ROAD, SUITE 4150<br>City: BOCA RATON, FLORIDA **FL** Zip Code: 33431 |

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 _____ 4/20/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 | PRESIDENT<br>SIDNEY DENNIS<br>7761 DOUBLETON DRIVE<br>DELRAY BEACH, FLORIDA 33446 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIRECTOR<br>PAUL RICHTER<br>13494 CARRICK GREEN COURT<br>DELRAY BEACH, FLORIDA 33446 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VICE PRESIDENT<br>JEROME BERCUN<br>7612 DOUBLETON DRIVE<br>DELRAY BEACH FLORIDA 33446 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SECRETARY<br>CAROL COHEN<br>7695 DOUBLETON DRIVE<br>DELRAY BEACH FLORIDA 33446 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TREASURER<br>ALAN FERSKO<br>7658 MONARCH COURT<br>DELRAY BEACH FLORIDA 33446 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIRECTOR<br>SHEILA BURG<br>13632 WEYBORNE DEIVE<br>DELRAY BEACH FLORIDA 33446 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIRECTOR<br>PAUL ROSENFELD<br>7743 DOUBLETON DRIVE<br>DELRAY BEACH FLORIDA 33446 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (9/99)

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:** Sidney Dennis 4/19/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #