

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 05, 2002 8:00 am  
Secretary of State

02-05-2002 90015 010 \*\*\*\*70.00

DOCUMENT # N95000004503

1. Entity Name

DELRAY BEACH HISTORIC HOMES PROPERTY OWNERS ASSO  
CIATION, INC.

Principal Place of Business

Mailing Address

104 W ATLANTIC AVE  
DELRAY BEACH FL 33444

104 W ATLANTIC AVE  
DELRAY BEACH FL 33444

2. Principal Place of Business

100 N.W. 1ST AVE.

3. Mailing Address

100 N.W. 1ST AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELRAY BEACH

City & State

DELRAY BEACH

Zip

33444

Country

FLA

Zip

33444

Country

FLA

4. FEI Number

65-0637072

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DOMINGUEZ, DIANE  
104 W ATLANTIC AVE  
DELRAY BEACH FL 33444

7. Name and Address of New Registered Agent

Name  
JOSEPH M. SAFFORD  
Street Address (P.O. Box Number is Not Acceptable)  
100 N.W. 1ST AVENUE

City  
DELRAY BEACH

FL

Zip Code  
33444

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 JOSEPH M. SAFFORD

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

(NOTE: Registered Agent signature required when installing)

1/18/02

DATE

FILE NOW: FEE IS \$61.25 X

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	D	<input checked="" type="checkbox"/> Delete
NAME	DOMINGUEZ, DIANE	
STREET ADDRESS	104 W ATLANTIC AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	HARDEN, DAVID	
STREET ADDRESS	100 N.W. 1ST AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	SAFFORD, JOSEPH M	
STREET ADDRESS	100 N.W. 1ST AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WEAVER, JOHN	
STREET ADDRESS	24 N. S WINTON AVE.	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEELE, JULIANA	
STREET ADDRESS	104 W ATLANTIC AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEONARD S. WITECHA	
STREET ADDRESS	24 N. SWINTON AVE.	
CITY-ST-ZIP	DELRAY BEACH, FL. 33444	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIRK WITECHA	
STREET ADDRESS	24 N. SWINTON AVE.	
CITY-ST-ZIP	DELRAY BEACH, FL. 33444	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: JOSEPH M. SAFFORD 1/18/02 (56) 243-7116

CR2E037 (9/01)