

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004779

1. Entity Name

NOIT GEDACHT HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90109 020 ****61.25

Principal Place of Business

Mailing Address

11 DEWITT PLACE
TEQUESTA FL 33469

11 DEWITT PLACE
TEQUESTA FL 33469-2035

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0617259

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WRIGHT, LARRY E
11 DEWITT PLACE
TEQUESTA FL 33469

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.

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 DPT ☐ Delete
NAME WRIGHT, LARRY E
STREET ADDRESS 11 DEWITT PLACE
CITY-ST-ZIP TEQUESTA FL 33469

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

TITLE DVS ☐ Delete
NAME WRIGHT, CAROL
STREET ADDRESS 11 DEWITT PLACE
CITY-ST-ZIP TEQUESTA FL 33469

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

TITLE D ☐ Delete
NAME DAMORE, ROBERT
STREET ADDRESS 250 AUSTRALIAN AVE S #400
CITY-ST-ZIP WEST PALM BEACH FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

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 the address, with all other lines empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/2000

561-745-1847

CR2E037 (9/99)