

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005037

1. Entity Name

THE PALMS AT BALLENISLES HOMEOWNERS ASSOCIATION,

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90068 015 ****70.00

Principal Place of Business

Mailing Address

5752 VINTAGE OAKS CIRCLE
DELRAY BEACH FL 33484

5752 VINTAGE OAKS CIRCLE
DELRAY BEACH FL 33484-6422

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0638354

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

LANG MANAGEMENT
5295 TOWN CENTER RD
STE 200
BOCA RATON FL 33486

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 SD ☐ Delete
NAME SUTTON, EUGENE N
STREET ADDRESS 5752 VINTAGE OAKS CIRCLE
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE ☒ Change ☐ Addition
NAME S T D
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KRUPNICK, IRWIN
STREET ADDRESS 104-A PLM POINTE CIR
CITY-ST-ZIP PLM BCH GARDEN FL 33418

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

TITLE PD ☐ Delete
NAME WEITZ, KENNETH
STREET ADDRESS 5752 VINTAGE OAKS CIRCLE
CITY-ST-ZIP DELRAY BEACH FL 33484

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Delete
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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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth Weitz

Date 4/26/00

Daytime Phone #

561-496-7899

CR20017 3/1/01