

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001409

1. Entity Name

FLORANADA PROPERTY OWNERS ASSOCIATION, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90074 029 \*\*\*\*70.00

Principal Place of Business

Mailing Address

7120 S. BENEVA ROAD  
 SARASOTA FL 34238

7120 S. BENEVA ROAD  
 SARASOTA FL 34238-2850

2. Principal Place of Business

5295 Towncenter Rd

3. Mailing Address

5295 Towncenter Rd

Suite, Apt. #, etc.

Ste 200

Suite, Apt. #, etc.

Ste 200

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33486

Country

USA

Zip

33486

Country

USA

4. FEI Number

65-0677429

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

PESHKIN, JOHN R  
 7120 S. BENEVA RD.  
 SARASOTA FL 34238

7. Name and Address of New Registered Agent

Name  
 Lang Management Company, Inc.

Street Address (P.O. Box Number is Not Acceptable)

5295 Towncenter Rd

Ste 200

City  
 Boca Raton

FL

Zip Code

33486

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PERNA, CRAIG A	
STREET ADDRESS	7150 ADDISON RESERVE BLVD.	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHOROST, AARON	
STREET ADDRESS	7150 ADDISON RESERVE BLVD.	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLAYTON, KATHRYN B	
STREET ADDRESS	7150 ADDISON RESERVE BLVD.	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Adler, Bill	
STREET ADDRESS	7387 Floranada Way	
CITY-ST-ZIP	Delray Beach, FL 33446	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Weiner, Paul	
STREET ADDRESS	7323 Floranada Way	
CITY-ST-ZIP	Delray Beach, FL 33446	
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Forrest, Gene	
STREET ADDRESS	7379 Floranada Way	
CITY-ST-ZIP	Delray Beach, FL 33446	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bloom, Philip	
STREET ADDRESS	7364 Floranada Way	
CITY-ST-ZIP	Delray Beach, FL 33446	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stevenson, Gwenn	
STREET ADDRESS	7427 Floranada Way	
CITY-ST-ZIP	Delray Beach, FL 33446	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)