

00 UNIFORM BUSINESS REPORT (UBR)

06-05-2000 90006 027 ****61.25

N96000003146

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # N96000003146

1. Entity Name

WEST PALM BEACH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

10065 RED RUN BLVD.
OWINGS MILLS MD 21117

10065 RED RUN BLVD.
OWINGS MILLS MD 21117-4827

2. ~~Principal Place of Business~~
910 RIDGEBROOK ROAD

3. ~~Mailing Address~~
910 RIDGEBROOK ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SPARKS, MD 21152

City & State
SPARKS, MD 21152

4. FEI Number
52-2107150

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

Name
National Corporate Research, LTD. Inc.

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

1406 Hays Street, Suite #2

City Tallahassee FL Zip Code 32301

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 John Morrissey, Asst. Vice President April 25, 2000
(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 NAME STREET ADDRESS CITY-ST-ZIP	P PICKETT, TAYLOR 10065 RED RUN BLVD OWINGS MILLS MD 21117	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	INTEGRATED HEALTH SERVICES, INC. 910 RIDGEBROOK RD. SPARKS, MD 21152	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FULCHINO, MARK %10065 RED RUN BLVD. OWINGS MILLS MD 21117	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	INTEGRATED HEALTH SERVICES, INC. 910 RIDGEBROOK RD. SPARKS, MD 21152	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEPHENSON, ROBERT 10065 RED RUN BLVD OWINGS MILLS MD 21117	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	INTEGRATED HEALTH SERVICES, INC. 910 RIDGEBROOK RD. SPARKS, MD 21152	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO LEVIN, MARC %10065 RED RUN BLVD. OWINGS MILLS MD 21117	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	INTEGRATED HEALTH SERVICES, INC. 910 RIDGEBROOK RD. SPARKS, MD 21152	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELKINS, MARSHALL INTEGRATED HLTH SVRS INC, 10065 RED RUN BL OWINGS MILLS MD 21117	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	INTEGRATED HEALTH SERVICES, INC. 910 RIDGEBROOK RD. SPARKS, MD 21152	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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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: Mark Fulchino 4/23/00 (410) 773-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1017 19991