

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 13, 2001 08:00 AM****Secretary of State****DOCUMENT # N96000003146**1. Entity Name
WEST PALM BEACH CONDOMINIUM ASSOCIATION, INC.Principal Place of Business
910 RIDGEBROOK ROAD
SPARKS MD 21152
Mailing Address
910 RIDGEBROOK ROAD
SPARKS MD 211522. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2107150Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required**6. Name and Address of Current Registered Agent**NATIONAL CORPORATE RESEARCH, LTD, INC.
1406 HAYS STREET., SUITE 2

TALLAHASSEE FL 32301 US

7. Name and Address of New Registered Agent

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 _____ 03/13/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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	☐ Delete
NAME	ELKINS MARSHALL	
STREET ADDRESS	910 RIDGEBROOK ROAD	
CITY-ST-ZIP	SPARKS MD 21152	
TITLE	SD	☐ Delete
NAME	LEVIN MARC	
STREET ADDRESS	910 RIDGEBROOK ROAD	
CITY-ST-ZIP	SPARKS MD 21152	
TITLE	T	☐ Delete
NAME	STEPHENSON ROBERT	
STREET ADDRESS	910 RIDGEBROOK ROAD	
CITY-ST-ZIP	SPARKS MD 21152	
TITLE	V	☐ Delete
NAME	FULCHINO MARK	
STREET ADDRESS	910 RIDGEBROOK ROAD	
CITY-ST-ZIP	SPARKS MD 21152	
TITLE	P	☐ Delete
NAME	PICKETT TAYLOR	
STREET ADDRESS	910 RIDGEBROOK ROAD	
CITY-ST-ZIP	SPARKS MD 21152	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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TITLE	☐ Change ☐ Addition
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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)(f), 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

VP

03/13/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)