

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90135 001 ****61.25

DOCUMENT # N97000000550

1. Entity Name
THE 1160 BUILDING CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
**6353 WEST ROGERS CIRCLE
SUITE 1
BOCA RATON FL 33487**

Mailing Address
**POST OFFICE BOX 3760
BOCA RATON FL 33427**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **65-0724586** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



11012000



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**HAHAMOVITCH, HARRY H
6353 WEST ROGERS CIRCLE
SUITE 1
BOCA RATON FL 33487**

7. Name and Address of New Registered Agent
Name **NANCY UNGAR**
Street Address (P.O. Box Number is Not Acceptable)
**6353 W. ROGERS CIRCLE
SUITE 1**
City **BOCA RATON** FL Zip Code **33487**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **NANCY UNGAR** DATE **4-21-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAHAMOVITCH, HARRY H 6353 WEST ROGERS CIRCLE, SUITE 1 BOCA RATON FL 33487 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LOUIS W. GLECKEL <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEB UNGAR, NANCY 6353 WEST ROGERS CIRCLE, SUITE 1 BOCA RATON FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S UNGAR, NANCY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MILHOUS, PAUL B 791 PARK OF COMMERCE BOCA RATON FL 33487 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOUIS W. GLECKEL 2800 MARCUS AVE. LAKE SUCCESS, NY 11042 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BERNARD W. GIMBEL 5676 RIVERDALE AVE. #4B RIVERDALE, NY 10471 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAWRENCE W. GLECKEL 2800 MARCUS AVE. LAKE SUCCESS, NY 11042 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 NANCY UNGAR, SECRETARY 4-21-03 (561) 994-2233**

CR2E037 (10/02)