

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90130 024 \*\*\*\*61.25

**DOCUMENT # N97000001553**

1. Entity Name

**CONCERNED HOMEOWNERS ASSOCIATION OF BALEN ISLES**

Principal Place of Business

Mailing Address

C/O BOOSE CASEY CIKLIN  
 515 N FLAGLER DR 19TH FLOOR  
 WEST PALM BEACH FL 33401

C/O BOOSE CASEY CIKLIN  
 515 N FLAGLER DR 19TH FLOOR  
 WEST PALM BEACH FL 33401-4321

C0022277



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0751458

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

LUBITZ, CHARLES A  
 515 N FLAGLER DR  
 SUITE 1700  
 WEST PALM BEACH FL 33401

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 ☐ Delete  
 NAME DP  
 STREET ADDRESS KAPLIN, ROBERT  
 CITY-ST-ZIP 102 WINDWARD DR  
 PALM BEACH GARDENS FL 33418

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

TITLE ☐ Delete  
 NAME DV  
 STREET ADDRESS MENDELSON, RICHARD  
 CITY-ST-ZIP 71 ST GEORGE PL  
 PALM BEACH GARDENS FL 33418

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

TITLE ☐ Delete  
 NAME DT  
 STREET ADDRESS ALTMAN, KEN  
 CITY-ST-ZIP 104 EMERALD LAKE  
 PALM BEACH GARDENS FL 33418

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

TITLE ☐ Delete  
 NAME DAS  
 STREET ADDRESS ROMA, JOSEPH  
 CITY-ST-ZIP 323 SUNSET BAY LANE  
 PALM BEACH GARDENS FL 33418

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

TITLE ☐ Delete  
 NAME DV  
 STREET ADDRESS FALK, JERRY  
 CITY-ST-ZIP 113 WINDWARD COVE  
 PALM BEACH GARDENS FL 33418

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

TITLE ☐ Delete  
 NAME DV  
 STREET ADDRESS SALTMAN, LEN  
 CITY-ST-ZIP 242 CORAL CAY LANE  
 PALM BEACH GARDENS FL 33408

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:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/2000 (SLS) 426 8978  
 Date Daytime Phone #

CR2E037 (9/99)