

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2001 8:00 am
Secretary of State

06-08-2001 90004 007 ****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

554044

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

TITLE **DP** ☒ Change ☒ Addition
 NAME **JOSEPH, ROMA**
 STREET ADDRESS **323 SUNSET BAY LANE**
 CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

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

TITLE **DV** ☒ Change ☒ Addition
 NAME **CYRUS HORNSBY**
 STREET ADDRESS **103 ST EDWARD PLACE**
 CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE **DT** ☒ Delete
 NAME **ALTMAN, KEN**
 STREET ADDRESS **184 EMERALD LAKE**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **DT** ☒ Change ☒ Addition
 NAME **PAUL SRIBERG**
 STREET ADDRESS **19 ST JAMES DRIVE**
 CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

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

TITLE **DV** ☒ Change ☒ Addition
 NAME **ALTMAN, KEN**
 STREET ADDRESS **184 EMERALD LAKE**
 CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

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

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

TITLE **DV** ☒ Delete
 NAME **SALTMAN, LEN**
 STREET ADDRESS **242 CORAL CAY LANE**
 CITY-ST-ZIP **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:

ROMA, JOSEPH

6/5/01

561-671-9170

CR2E037 (10/00)