

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

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90519 022 \*\*\*\*61.25

**DOCUMENT # N97000001553**

1. Entity Name

**CONCERNED HOMEOWNERS ASSOCIATION OF BALEN ISLES  
, INC.**



Principal Place of Business

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

Mailing Address

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

**90011529**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Palm Beach Gardens, FL**

City & State

4. FEI Number **65-0751458**

Applied For  
Not Applicable

Zip  
**33418**

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE **DV** ☐ Delete  
NAME **HORNSBY, CYRUS**  
STREET ADDRESS **103 ST EDWARD DRIVE**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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STREET ADDRESS  
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)(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:

**Ken Altman**

1/23/03

561-676-4828

CR2E037 (10/02)