

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

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

01-27-2003 90535 035 ****61.25

DOCUMENT # N97000001698
1. Entity Name
ADDISON COURT PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business
**1601 FORUM PLACE
SUITE 603
WEST PALM BEACH FL 33401
US**

Mailing Address
**1601 FORUM PLACE
SUITE 603
WEST PALM BEACH FL 33401
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **65-0852896** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**BOOSE, WILLIAM R III
515 N FLAGLER DR 19 FLOOR
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 _____ (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	PD	<input type="checkbox"/> Delete
NAME	LEVY, ROBERT A	
STREET ADDRESS	1951 NW 19TH ST, #103	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GELLER, HARVEY	
STREET ADDRESS	1951 NW 19TH ST, #103	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DENBURG, MOSHE	
STREET ADDRESS	5030 CHAMPION BLVD STE D6	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUKIET, ZALMAN	
STREET ADDRESS	5030 CHAMPION BLVD STE D6	
CITY-ST-ZIP	BOCA RATON FL 33426	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, ROBERT A	
STREET ADDRESS	1601 FORUM PLACE, SUITE 603	
CITY-ST-ZIP	W. PALM BEACH, FL 33401	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELLER, HARVEY	
STREET ADDRESS	1601 FORUM PLACE, SUITE 603	
CITY-ST-ZIP	W. PALM BEACH, FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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. **HARVEY GELLER, V.P.**

SIGNATURE: **SIGNATURE REQUIRED** 1-22-03 561-616-3330

CR2E037 (10/02)