

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

04-12-2000 90169 047 ****61.25

DOCUMENT # N98000000181

1. Entity Name

FLORAL LAKES RESIDENTS' ASSOCIATION
INC

Principal Place of Business Mailing Address

6174 Lake Hibiscus Drive
% LAWRENCE BATCH
Delray Beach Florida 33484

SAME

2. Principal Place of Business

3. Mailing Address

6174 Lake Hibiscus Drive

Suite, Apt. #, etc.

SAME

% LAWRENCE BATCH

City & State

City & State

Delray Beach Florida

Zip

Country

Zip

Country

33484

Palm Beach

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVINE, CURTIS G
ONE BOCA PLACE 2255 BOCA ROAD
STE 202-FAST
BOCA RATON FL 33431

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE *Pres* NAME *Harvey Aronson* ☐ DeleteSTREET ADDRESS *15441 Lake Ganswein Pl.*CITY-ST-ZIP *Delray Beach FL 33484*TITLE *V.P.* NAME *Betty Nalowski* ☐ DeleteSTREET ADDRESS *15457 Lake Ganswein Pl.*CITY-ST-ZIP *Delray Beach FL 33484*TITLE *Vice Pres* NAME *Larry Greenwald* ☐ DeleteSTREET ADDRESS *6050 Lake Hibiscus Drive*CITY-ST-ZIP *Delray Beach FL 33484*TITLE *Treasurer* NAME *Lawrence Batch* ☐ DeleteSTREET ADDRESS *6174 Lake Hibiscus Drive*CITY-ST-ZIP *Delray Beach FL 33484*TITLE *Secy* NAME *Julie Sokolow* ☐ DeleteSTREET ADDRESS *15321 Lake Wilshire Road*CITY-ST-ZIP *Delray Beach FL 33484*TITLE NAME ☐ Delete

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TITLE *D* NAME *STAN GUMSON* ☐ Change ☒ AdditionSTREET ADDRESS *6128 Floral Lakes Dr*CITY-ST-ZIP *Delray Beach FL 33484*TITLE *D* NAME *Penny Conn* ☐ Change ☒ AdditionSTREET ADDRESS *6090 Lake Hibiscus Dr*CITY-ST-ZIP *Delray Beach FL 33484*TITLE *D* NAME *Lois Forgrave* ☐ Change ☒ AdditionSTREET ADDRESS *15404 Rosalind Ln*CITY-ST-ZIP *Delray Beach FL 33484*TITLE NAME ☐ Change ☐ Addition

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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 information empowered.

Signature *Stan G* Date *4/4/00* Phone # *561-637-0031*