

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002796

1. Entity Name

GOLF ESTATE VILLAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

1201 U.S. HIGHWAY ONE SUITE 415  
NORTH PALM BEACH FL 33408

Mailing Address

1201 U.S. HIGHWAY ONE SUITE 415  
NORTH PALM BEACH FL 33408

2. Principal Place of Business

10115 North Military Trail

Suite, Apt. #, etc.

3. Mailing Address

10115 North Military Trail

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens, FL

4. FEI Number

65-1014255

Applied For

Not Applicable

Zip

Country

33410

Zip

Country

33410

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BROOKS, DONALD L

1201 U.S. HIGHWAY ONE SUITE 415  
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name

St. John, Dicker, Krivok & Core, PA, ATTY

Street Address (P.O. Box Number is Not Acceptable)

Clearlake Plaza, Suite 600

500 Australian Avenue, South

City

West Palm Beach

FL

Zip Code

33401

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.

Scott A. Stoloff, Attorney

04/06/01

(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

TITLE DP ☒ Delete  
NAME PORTEN, JOSEPH W III  
STREET ADDRESS 1201 U.S. HIGHWAY ONE SUITE 415  
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE DV ☒ Delete  
NAME CONNELL, JOHN L  
STREET ADDRESS 1201 U.S. HIGHWAY ONE SUITE 415  
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE DTS ☒ Delete  
NAME FRIEL, MARIANNE  
STREET ADDRESS 1201 U.S. HIGHWAY ONE SUITE 415  
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Naponick, Paul  
STREET ADDRESS 10121 North Military Trail  
CITY-ST-ZIP Palm Beach Gardens, FL 33410

TITLE DV ☒ Change ☐ Addition  
NAME Chlupp, Christopher P.  
STREET ADDRESS 10127 North Military Trail  
CITY-ST-ZIP Palm Beach Gardens, FL 33410

TITLE DTS ☒ Change ☐ Addition  
NAME Le'Bron, Christine  
STREET ADDRESS 10129 North Military Trail  
CITY-ST-ZIP Palm Beach Gardens, FL 33410

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

TITLE ☐ Change ☐ Addition  
NAME  
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:

Paul Naponick, 4/4/01 561-627-1466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE