2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2000 8:00 am
Secretary of State
08-09-2000 90085 004 ****61.25

DOCUMENT # N98000005793

1. Entity Name
BRIGHTON AT WELLINGTON IS EDGE PROPERTY OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o Glen Management Services	c/o Glen Management Services
Suite, Apt. #, etc.: 301 W. CAMINO GARDENS BLVD, 200	Suite, Apt. #, etc.: P.O. Box 1390
City & State: BOCA RATON, FL	City & State: BOCA RATON, FL
Zip: 33432 Country: USA	Zip: 33429 Country: USA

4. FEI Number: 65-0877905 ☐ Applied For ☐ Not Applicable

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
	Name: ANDREW C. GLEN
	Street Address (P.O. Box Number is Not Acceptable): c/o Glen Management Services, Inc.
	301 W. Camino Gardens Blvd, Suite 200
	City: BOCA RATON FL Zip Code: 33432

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: A. GLEN 8/16/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES, SECY STANLEY SCHULTZ 6835 VISTA DEL WAY BOCA RATON, FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD, PSD STANLEY SCHULTZ 301 W. CAMINO GARDENS BLVD #200 BOCA RATON, FL, 33432	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V. PRES/D VICTOR BERSON PALM BEACH GARDENS FL.	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P.D. VICTOR BERSON 301 W. CAMINO GARDENS BLVD #200 BOCA RATON, FL 33432	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREAS/D ALAN J. LEVINE	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ALAN J. LEVINE 301 W. CAMINO GARDENS BLVD #200 BOCA RATON, FL 33432.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E037 (9/99)

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: _____ 08/12/00 561 499 [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #