# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 30, 2002 8:00 am**
**Secretary of State**
04-30-2002 90194 009 ****61.25

DOCUMENT # N99000003541

1. Entity Name

PROSPERITY HARBOR NORTH MASTER ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O CONCEPT MGMT. SERVICE<br>400 TONEY PENNA DRIVE<br>JUPITER FL 33458<br>US | C/O CONCEPT MGMT. SERVICE<br>400 TONEY PENNA DRIVE<br>JUPITER FL 33458<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| c/o Dickinson Mgmt.Inc. | c/o Dickinson Mgmt.Inc. |
| Suite, Apt. #, etc.<br>400 Toney Penna Drive | Suite, Apt. #, etc.<br>400 Toney Penna Drive |
| City & State<br>Jupiter, FL | City & State<br>Jupiter, FL |
| Zip / Country<br>33458 / US | Zip / Country<br>33458 / US |

4. FEI Number 54-4289700 ☐ 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 |
|---|---|
| DICKINSON MANAGEMENT, INC.<br>400 TONEY PENNA DRIVE<br>JUPITER FL 33458 | Name: Dickinson Management, Inc.<br>Street Address (P.O. Box Number is Not Acceptable): 400 Toney Penna Drive<br>City: Jupiter **FL** Zip Code: 33458 |

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>VANDERCOOK, FRED<br>1350 E. NEWPORT CENTER DR., STE. 200<br>DEERFIELD BEACH FL 33442 | ☒ Delete | TITLE PD<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Goldberg, Harvey<br>725 Charlestown Circle<br>North Palm Beach, FL 33410 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>ALLEN, ALICE A<br>1350 E. NEWPORT CENTER DR., STE. 200<br>DEERFIELD BEACH FL 33442 | ☒ Delete | TITLE VPD<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DiGloria, Robert<br>736 Sandy Point Lane<br>North Palm Beach, FL 33410 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>CRUZ, DEANNA<br>1350 E. NEWPORT CENTER DR., STE. 200<br>DEERFIELD BEACH FL 33442 | ☒ Delete | TITLE TD<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Katz, Wayne<br>734 Maritime Way<br>North Palm Beach, FL 33410 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE SD<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Lachance, Chris<br>757 Cable Beach Lane<br>North Palm Beach, FL 33410 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE D<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Angones, Norberto<br>715 Lyford Cay Drive<br>North Palm Beach, FL 33410 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/01)

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:** SIGNATURE REQUIRED 4-12-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #