

2000 UNIFORM BUSINESS REPORT (UBR)

4/24/

DOCUMENT # N99000007610

1. Entity Name

THE BEACHWAY NORTH HOMEOWNER'S ASSOCIATION, INC. *L*

FILED

Jul 07, 2000 8:00 am
Secretary of State

04-28-2000 90089 039 ***150.00

Principal Place of Business

Mailing Address

5 BEACHWAY NORTH
OCEAN RIDGE FL 334355 BEACHWAY NORTH
OCEAN RIDGE FL 33435

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. EEL Number

APPLIED FOR

☒ Applied For☐ Not Applicable5. 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

LUCIBELLA, RICHARD J
5 BEACHWAY NORTH
OCEAN RIDGE FL 33435

Name

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

City

FL

Zip Code

B. 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 \$61.25B. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	Pres. Richard J. Lucibella	5 Beachway North	Ocean Ridge, FL 33435	☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	Sec. Richard J. Lucibella	5 Beachway North	Ocean Ridge, FL 33435	☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	Zuzana Ton	5901 Camino Del Sol	Boca Raton, FL 33433	☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	Joel Marcus	676 W. Prospect Road	FT. Lauderdale, FL 33309	☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
				☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)