2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
05-07-2002 90332 001 ***600.00

DOCUMENT # N99000007610

1. Entity Name

THE BEACHWAY NORTH HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5 BEACHWAY NORTH OCEAN RIDGE FL 33435	5 BEACHWAY NORTH OCEAN RIDGE FL 33435

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
GROUP ONE, INC. Suite, Apt. #, etc. 568 EAST WOOLBRIGHT RD. SUITE 107 City & State BOYNTON BEACH, FL 33435	GROUP ONE, INC. Suite, Apt. #, etc. 568 EAST WOOLBRIGHT RD. SUITE 107 City & State BOYNTON BEACH, FL 33435
Zip / Country	Zip / Country

4. FEI Number 65-1103056 ☐ 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
LUCIBELLA, RICHARD J 5 BEACHWAY NORTH OCEAN RIDGE FL 33435	Name Street Address (P.O. Box Number is Not Acceptable) 568 EAST WOOLBright ROAD suite107 City Boynton Beach FL Zip Code 33435

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 _____ 4/23/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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 LYCIBELLA, RICHARD J 5 BEACHWAY NORTH BOYNTON BEACH FL 33435	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition LUCIBELLA RICHARD J 568 EAST WOOLBright Rd #107 Boynton Beach FL 33435
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TON, ZUZANA 5901 CAMINO DEL SOL BOCA RATON FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARCUS, JOEL 676 W PROSPECT ROAD FORT LAUDERDALE FL 33309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / 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 4/23/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #