

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90200 032 \*\*\*158.75

DOCUMENT # P95000013759

1. Entity Name  
RESIDENTIAL & RESORT ASSOCIATES, INC.



Principal Place of Business  
1305 ANHINGA DRIVE  
WEST PALM BEACH FL 33414  
US

Mailing Address  
1305 ANHINGA DRIVE  
WEST PALM BEACH FL 33414  
US



2. Principal Place of Business

6342 VIA VENETIA N.  
Suite, Apt. #, etc.

3. Mailing Address

6342 VIA VENETIA N.  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
DELRAY Beach, FL  
Zip  
33484  
Country  
PALM BEACH

City & State  
DELRAY Beach, FL  
Zip  
33484  
Country  
PALM BEACH

4. FEI Number 65-0559736

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRICE, MARTIN  
1305 ANHINGA DRIVE  
WEST PALM BEACH FL 33414

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
6342 VIA VENETIA N.  
City DELRAY Beach FL Zip Code 33484

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Martin Price MARTIN PRICE DATE 1/29/03  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PRICE, MARTIN	
STREET ADDRESS	1305 ANHINGA DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PRICE, SUZANNE	
STREET ADDRESS	1305 ANHINGA DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE	DS	<input type="checkbox"/> Delete
NAME	PRICE, PETER	
STREET ADDRESS	1305 ANHINGA DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRICE, MARTIN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, MARTIN	
STREET ADDRESS	6342 VIA VENETIA N.	
CITY-ST-ZIP	DELRAY Bch, FL 33484	
TITLE	PRICE, SUZANNE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, SUZANNE	
STREET ADDRESS	6342 VIA VENETIA N.	
CITY-ST-ZIP	DELRAY Bch, FL 33484	
TITLE	PRICE, PETER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, PETER	
STREET ADDRESS	6342 VIA VENETIA N.	
CITY-ST-ZIP	DELRAY Bch, FL 33484	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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: Martin Price MARTIN PRICE, PRES 1/29/03 (636) 933-7600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)