

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90468 035 *****70.00

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DOCUMENT # 715370

1. Entity Name

GARDEN-AIRE VILLAGE SOUTH, INC.

Principal Place of Business

**2350 NE 14 STREET
POMPANO BEACH FL 33062**

Mailing Address

**2350 NE 14 STREET
POMPANO BEACH FL 33062**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1260773

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

**CRIGHTON, JAMES W.
2350 NE 14TH STREET CSWY
#404
POMPANO BEACH FL 33062**

Name

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

City

FL

Zip Code

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

James W. Crighton

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 **SD** ☐ Delete
NAME **VATRAL, LYNN C**
STREET ADDRESS **2350 NE 14TH ST #706**
CITY-ST-ZIP **POMPANO BCH FL 33062**

TITLE **TD** ☒ Change ☐ Addition
NAME **Vatral, Lynn**
STREET ADDRESS **2350 NE 14th St. #706**
CITY-ST-ZIP **Pompano Bch. FL 33062**

TITLE **TD** ☒ Delete
NAME **PETERSON, RAYMOND**
STREET ADDRESS **2350 NE 14TH ST #608**
CITY-ST-ZIP **POMPANO BCH FL 33062**

TITLE **SD** ☐ Change ☒ Addition
NAME **Joseph DeMaio**
STREET ADDRESS **2350 NE 14th St. #101**
CITY-ST-ZIP **Pompano Bch. FL 33062**

TITLE **VPD** ☐ Delete
NAME **AZZNARA, ALBERT**
STREET ADDRESS **2350 NE 14TH STREET CSWY #507**
CITY-ST-ZIP **POMPANO BCH FL**

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

TITLE **SD** ☐ Delete
NAME **CAPECE, PHILIP**
STREET ADDRESS **2350 NE 14TH ST #215**
CITY-ST-ZIP **POMPANO BCH FL 33062**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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: *James W. Crighton* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)