

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90297 016 ****61.25

DOCUMENT # 720877

1. Entity Name

EMERALD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

4141 N.W. 44TH AVE.
FORT LAUDERDALE FL 33319

Mailing Address

4141 N.W. 44TH AVE.
FORT LAUDERDALE FL 33319

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

59-1399406

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~AGATE, FRANCES~~
~~4401 N.W. 41ST STREET~~
~~APT. 402~~
~~LAUDERDALE LAKES FL 33319~~

7. Name and Address of New Registered Agent

Name Charles Ohsiek
Street Address (P.O. Box Number is Not Acceptable)
4401 NW 41ST STREET
APT 202
City LAUDERDALE LAKES FL Zip Code 33319

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

Charles Ohsiek

3-28-01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLOSI, FRANK D 4141 N.W. 44TH AVE. LAUDERDALE LAKES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LUCAS, FRANK 4401 N.W. 41ST STREET LAUDERDALE LAKES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FSD STERN, OLGA 4401 N.W. 41ST STREET LAUDERDALE LAKES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AGATE, FRANCES 4401 N.W. 41ST STREET LAUDERDALE LAKES FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICUPA, CASPER 4401 N W 41ST ST LAUDERDALE LAKES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONNENFELD, WILLIAM 4141 NW 44TH AVE LAUDERDALE LAKES FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ALEXANDER, LY SIAK 4141 NW 44TH AVE APT 224 LAUDERDALE LAKES, FLA. 33319	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR John 21221 4141 NW 44TH AVE APT. 319 LAUDERDALE LAKES, FLA 33319	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER Charles Ohsiek 4401 NW 41ST STREET APT 202 LAUDERDALE LAKES, FL 33319	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Charles Ohsiek REQUIRED

3-28-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)