

2000 UNIFORM BUSINESS REPORT (UBR)

1/2

DOCUMENT # 721769

1. Entity Name

CONDOMINIUM ASSOCIATION OF PLAZA TOWERS NORTH, I

Principal Place of Business

1833 S. OCEAN DR.
HALLANDALE FL 33009

Mailing Address

1833 S. OCEAN DR.
HALLANDALE FL 33009-4941

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1369379

Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

EMERICK, FUGEDY
1833 SOUTH OCEAN DRIVE
APT #209
HALLANDALE FL 33009~~LESTER HANDLER~~
~~1833 S. OCEAN DR.~~
~~APT #112~~
~~HALLANDALE, FL 33009~~

7. Name and Address of New Registered Agent

Name LESTER HANDLER

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

1833 So. Ocean Dr. #1412

City

HALLANDALE,

FL

Zip Code

33009

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW:
FEE IS \$61.259. 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	<input checked="" type="checkbox"/> Delete
PDBM	FUGEDY, JIM	1833 S. OCEAN DR.	HALLANDALE FL	<input checked="" type="checkbox"/>
	<u>LESTER HANDLER</u>	<u>1833 So. Ocean Dr. #1412</u>	<u>HALLANDALE, FL 33009</u>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
1VPD	LODGE, HAROLD	1833	HALLANDALE FL	<input checked="" type="checkbox"/>
	<u>RITA A. MEYER</u>	<u>1833 S. OCEAN DR.</u>	<u>HALLANDALE, FL 33009</u>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
3B	MEYER, RITA	1833 S. OCEAN DR.	HALLANDALE FL	<input checked="" type="checkbox"/>
	<u>IRVING PETERSILE</u>	<u>1833 So. Ocean Dr. #309</u>	<u>HALLANDALE, FL 33009</u>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TD	YOUNG, SYLVIA	1833 S. OCEAN DR.	HALLANDALE FL	<input checked="" type="checkbox"/>
	<u>MIKE LARRACLETA</u>	<u>1833 So. Ocean Dr. #210</u>	<u>HALLANDALE, FL 33009</u>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
BM	HANDLER, LESTER	1833 SOUTH OCEAN DR	HALLANDALE FL	<input checked="" type="checkbox"/>
	<u>HAROLD LODGE</u>	<u>1833 So. Ocean Dr. #1602</u>	<u>HALLANDALE, FL 33009</u>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
BM	COACH, ROBERT	1833 SOUTH OCEAN DRIVE	HALLANDALE FL	<input checked="" type="checkbox"/>
	<u>MIKE LARRACLETA</u>	<u>1833 So. Ocean Dr. #210</u>	<u>HALLANDALE, FL 33009</u>	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PRES.	LESTER HANDLER	1833 So. OCEAN DR. #1412	HALLANDALE, FL 33009	<input checked="" type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1 st V.P.	RITA A. MEYER	1833 So. OCEAN DR. #1512	HALLANDALE, FL 33009	<input checked="" type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2 nd V.P.	IRVING PETERSILE	1833 So. OCEAN DR. #309	HALLANDALE, FL 33009	<input checked="" type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
SEC. TREAS.	MIKE LARRACLETA	1833 So. OCEAN DR. #210	HALLANDALE, FL 33009	<input checked="" type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
DIR.	HAROLD LODGE	1833 So. OCEAN DR. #1602	HALLANDALE, FL 33009	<input checked="" type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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 x Rita A. Meyer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #