

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732192

1. Entity Name

CARAVEL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1700 S.E. 15TH STREET
FT. LAUDERDALE FL 33316

Mailing Address

1700 S.E. 15TH STREET
FT. LAUDERDALE FL 33316

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

59-1654376

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

BECKER, POLIAKOFF & STREITFELD, P.A.
3111 STIRLING RD.
FT. LAUDERDALE FL 33312-3525

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

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 PD
NAME GRIFFIN, RICHARD
STREET ADDRESS 1700 SE 15TH ST
CITY-ST-ZIP FT LAUDERDALE, FL 00000 ☐ Delete

TITLE DT
NAME MAHANNAH, GERALDINE C
STREET ADDRESS 1700 S.E. 15TH STREET
CITY-ST-ZIP FT LAUDERDALE FL 33316 ☐ Delete

TITLE DS
NAME SIEGLE, AUDREY
STREET ADDRESS 1700 SE 15TH ST
CITY-ST-ZIP FT LAUDERDALE, FL 00000 ☒ Delete

TITLE VP
NAME WAGGONER, DOUGLAS C
STREET ADDRESS 1700 SE 15TH ST
CITY-ST-ZIP FT LAUD FL 33316 ☐ Delete

TITLE VP
NAME ELLIOTT, STEVE
STREET ADDRESS 1700 SE 15TH ST
CITY-ST-ZIP FT. LAUDERDALE FL 33316 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE DS
NAME Richard Bunting
STREET ADDRESS 1700 S.E. 15th St, #111
CITY-ST-ZIP Ft. Lauderdale, FL 33316 ☐ Change ☒ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

Date

954-463-7234

Daytime Phone #

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90224 018 ****61.25

755684



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)