

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90006 016 ****61.25

DOCUMENT # 738909

1. Entity Name

ASHLEIGH HOUSE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

3113 S OCEAN DR
 HALLANDALE FL 33009

Mailing Address

3113 S OCEAN DR
 HALLANDALE FL 33009

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TUDZAROV, LOUISE E. ESQ.
345 W. OAKLAND PARK BLVD
FT. LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name ~~Virginia Kuck~~
 Street Address (P.O. Box Number is Not Acceptable)
3113 S. OCEAN DRIVE
HALLANDALE BEACH
 City **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 *Virginia Kuck*
 Signature, typed or printed name of registered agent and title if applicable.

3/23/2001
 DATE

(NOTE: Registered Agent signature required when reinstating)

**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	DT	<input type="checkbox"/> Delete
NAME	KUCK, VIRGINIA	
STREET ADDRESS	3113 S OCEAN DRIVE	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CATELLI, RINO	
STREET ADDRESS	3113 S. OCEAN DRIVE	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WISNIEWSKI, BERNICE	
STREET ADDRESS	3113 S. OCEAN DRIVE	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROSENBLUM, HARRIETT	
STREET ADDRESS	3113 S OCEAN DR	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DIBELLO, FRANK	
STREET ADDRESS	3113 S OCEAN DR	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSY KUCK	
STREET ADDRESS	3113 S. OCEAN DRIVE	
CITY-ST-ZIP	HALLANDALE, FLA 33009	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BETTY BLOOMBERG	
STREET ADDRESS	3113 S. OCEAN DRIVE	
CITY-ST-ZIP	HALLANDALE, FLA 33009	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSEMARIE BENEDETTO	
STREET ADDRESS	3113 S. OCEAN DRIVE	
CITY-ST-ZIP	HALLANDALE, FLA 33009	

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: *Virginia Kuck*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/2001
 Date

954 - 454-3113
 Daytime Phone #

CR2E037 (10/00)