1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 746932

ESTATES OF FORT LAUDERDALE PROPERTY OWNERS ASSOC IATION, INC.

Principal Place of Business Mailing Address					
2850 S.W. 54TH STREET		2850 S.W. 54TH STREET) (RECH) (RECH) OFFIR ONNO 1010R (MAI SHE) SHE! (MAI) OFFI ON 111 FACI OFFI OFFI
		FT LAUDERDALE FL 33312			
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Principal Place of Business 2a. Mailing Address					3. Date Incorporated or Qualifed
	¬ · · · · · · · · · · · · · · · · · · ·				04/27/1979
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.				4. FEI Number Applied For	
22 27				59-1911519 Not Applicable	
	City & State City & State				\$8.75 Additional
23	28				5. Certificate of Status Desired Fee Required
Zip	Country	Zip Coun			6. Election Campaign Financing \$5.00 May Be
24	25	29 30			Trust Fund Contribution Added to Fees
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
			81	Name	•
BECKER & POLIAKOFF, P.A.			82	Street A	Address (P.O. Box Number is Not Acceptable)
3111 STIRLING ROAD				0	
FT LAUDERDALE FL 33312			83		, .
	TIDILE IE 000 IE	•	84	City	85 Zip Code
					FL 1
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered					
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE	Signature, typed or printed name of registered agent	and title if explicable. (NOTE: Reg		nt signature re	equired when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	T	☐ DELETE	1.1 TITLE		T XX Change ☐ Addition
NAME	JONES, JANICE	·	1.2 NAME		SAGLIO, PETER
STREET ADDRESS	ss 5531 SW 32ND TERRACE 138		1.3 STREET	ADDRESS	5450 HIACINTH CT.
CITY-ST-ZIP	FT LAUDERDALE FL 33312		1.4 CITY-S	T-ZIP	FT. LAUDERDALE, FL. 33312
TITLE	PD	DELETE	2.1 TITLE	,	PD XX Change Addition
NAME	ERVING, RON		2.2 NAME		-PRIVITERA, ELLEN
STREET ADDRESS			2.3 STREET	F ADDRESS	2670 E. MARINA DRIVE
CITY-ST-ZIP	FT. LAUDERDALE FL 33312		2.4 CITY-S	T-ZIP	FT. LAUDERDALE, FL. 33312
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CIPOLLA, CHRISTINE		3.2 NAME		
STREET ADDRESS	2820 SW 57TH CT.			TADORESS	,
CITY-ST-ZIP	FT. LAUDERDALE FL 33312		3.4. CITY-5	T-ZIP	
πιε	VP	☐ DELETE	4.1 TITLE]	☐ Change ☐ Addition
NAME	BOEHM, JOHN		4. 2 NAME		•
STREET ADDRESS	5420 HIACINTH CT.		4.3 STREE	TADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312		4.4 CITY-S	T-ZIP	
TITLE			5.1 TITLE		VP
NAME	ANDERSON, ROY		5.2 NAME		SCHAFFER, ALEXANDRIA
STREET ADDRESS	3142 S.W. 58TH COURT		5.3 STREE	TADDRESS	3050 LAKESHORE DRIVE

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 annual report or supplemental annual 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 12 or Block 13 if chapped, or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TILE

NAME

FT. LAUDERDALE FL 33312

2945 S.W. 54TH PLACE

TYRA, PATRICIA

1-20-99 (954) 962-2712

D

ERVING, RON

5410 LAGOON DRIVE

FT. LAUDERDALE, FL. 33312

Mar 02, 1999 8:00 am

FILED

Secretary of State

03-02-1999 90083 018 ****61.25

☐ Addition