

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

02-11-2002 90225 034 ****61.25

DOCUMENT # 746932
 1. Entity Name
**ESTATES OF FORT LAUDERDALE PROPERTY OWNERS ASSOC
 IATION, INC.**

Principal Place of Business 2850 S.W. 54TH STREET FT LAUDERDALE FL 33312	Mailing Address 2850 S.W. 54TH STREET FT LAUDERDALE FL 33312
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-1911519	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STRALEY, STEPHEN J. P.A. 3990 SHERIDAN STREET SUITE 109 HOLLYWOOD FL 33021		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, JANICE 5331 S.W. 32ND TERRACE FT. LAUDERDALE FL 33312	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PALLERMO, ARTHUR 5637 LAGOON DR FORT LAUDERDALE FL 33312	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PRIVITERA, ELLEN 2670 N NARINA DR FORT LAUDERDALE FL 33312	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSENTEAL, SEYMOUR 3231 ROYAL PALM CT FORT LAUDERDALE FL 33312	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JENKINS, SUSAN 5430 SW 27TH AVE FORT LAUDERDALE FL 33312	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAFFER, ALEXANDRIA 3050 LAKESHORE DR FT. LAUDERDALE FL 33312	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENTHAL SEYMOUR 3231 ROYAL PALM COURT FT. LAUDERDALE, FL. 33312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROWELL, KENNETH 2900 LAKESHORE DRIVE FORT LAUDERDALE, FL. 33312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAGLIO, PETER 5450 HIACINTH COURT FORT LAUDERDALE, FL. 33312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THERIAULT, RICHARD 3100 SW 58TH PLACE FORT LAUDERDALE, FL. 33312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SUTCLIFFE, ROSEMARIE 2945 HARBOR LANE FORT LAUDERDALE, FL. 33312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELMONTE, ANNA 3090 COVE DRIVE FORT LAUDERDALE, FL. 33312	<input type="checkbox"/> Change <input checked="" 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: **SIGNATURE REQUIRED** *Kenneth Crowell* 1/25/02 954-962-2712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)