


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
 8/ Sep 03, 2008 8:00 am
 Secretary of State

08-18-2008 90001 021 ****61.25

DOCUMENT # 746932
 1. Entity Name
ESTATES OF FORT LAUDERDALE PROPERTY OWNERS ASSOCIATION, 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

66016281



2. Principal Place of Business - No P.O. Box #		3. Mailing Address		0812008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-1911519	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STRALEY & OTTO, P.A. 2899 STIRLING ROAD SUITE C-207 FT. LAUDERDALE, FL 33312			Name Acosta & Burns, CPAs		
			Street Address (P.O. Box Number is Not Acceptable)		
			6970 Taft Street		
			City <i>Hollywood</i>		FL Zip Code 33024

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Abdulaziz Lemus* DATE *8/28/08*

Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when renewing) DATE

**Filing Fee is \$61.25
 Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. CUTSLER, JOAN 2911 SW 58 ST FT LAUDERDALE, FL 33312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VELO, LOUIS 5512 LAGOON DR FORT LAUDERDALE, FL 33312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANTOS, WILLIAM 2755 SW 54TH STREET FORT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GLOCK, WILLIAM 3100 SW 58 PL FORT LAUDERDALE, FL 33312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTIAGO, JOSE A 5540 LAGOON DR FORT LAUDERDALE, FL 33312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S QUATRINI, LOIS 3037 LAKESHORE DR FORT LAUDERDALE, FL 33312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHROYER, PATRICIA 3060 LAKESHORE DR FORT LAUDERDALE, FL 33312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAMBELL, DAVID 5681 CYPRESS DR FORT LAUDERDALE, FL 33312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GLOCK, WILLIAM 3100 SW 58 PL FORT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTOS, WILLIAM 2755 SW 54TH STREET FORT LAUDERDALE, FL 33312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLOBODA, CHARLOTTE 2905 LAKESHORE DR FT. LAUDERDALE, FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLOBODA, CHARLOTTE 2905 LAKESHORE DR FT. LAUDERDALE, FL 33312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *William R Glock* DATE: *8/14/08* 954 962 2712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

William R Glock

ATTACHMENT

66016281

#746932

Officer /Director Name and Address

LOUIS VELO President
5512 Lagoon drive
ft.lauderdale fl 33312

BILL GLOCK Vice – President
3100 SW 58 PL
Ft.Lauderdale fl 33312

LOIS QUATRINI SECRETARY
3037 LAKESHORE DR
Ft.lauderdale fl 33312

DAVID CAMBELL TREASURE
5881 CYPRESS DR
Ft.lauderdale fl 33312

WILLIAM SANTOS DIRECTOR
2755 SW 54TH ST
Ft.lauderdale fl 33312

ANNIE FALZONE DIRECTOR
2936 HARBOR LANE
Ft.lauderdale fl 33312

CHARLOTTE SLOBODA DIRECTOR
2905 LAKESHORE DR
ft.lauderdale fl 33312

RANDY SEEMAN DIRECTOR
2952 SW 54 ST
ft.lauderdale fl 33312

RAYMOND BELLEMARE DIRECTOR
3001 SW 54 ST
ft.lauderdale fl 33312

FUTHER CONTACT
BOB JOHNSON MANAGER OR
RAUL PIANTINI ASST MANAGER