

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751246

1. Entity Name

84 SOUTH PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

%UNITED REALTY MGT.
3300 UNIVERSITY DRIVE.. #405
CORAL SPRINGS FL 33065

%UNITED REALTY MGT.
3300 UNIVERSITY DRIVE.. #405
CORAL SPRINGS FL 33065

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

59-2037519

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

UNITED REALTY MANAGEMENT CORP.
3300 UNIVERSITY DRIVE
#405
CORAL SPRINGS FL 33065

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 EHREN, TOM ☒ Delete
STREET ADDRESS 15726 SW 7 PL
CITY-ST-ZIP SUNRISE FL 33326

TITLE PD
NAME Figueroa, Samantha ☐ Change ☒ Addition
STREET ADDRESS 264 W. Riverbend Dr.
CITY-ST-ZIP Sunrise, FL 33326

TITLE D
NAME WEINER, CRAIG ☐ Delete
STREET ADDRESS 15001 SW 10 ST
CITY-ST-ZIP SUNRISE FL 33326

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

TITLE VD
NAME VERES, GERALD ☒ Delete
STREET ADDRESS 593 LAKESIDE CIRCLE
CITY-ST-ZIP SUNRISE FL 33326

TITLE VD
NAME Rush, Nicole ☐ Change ☒ Addition
STREET ADDRESS 224 SW 159 Lane
CITY-ST-ZIP Sunrise, FL 33326

TITLE SD
NAME DEAN, NANCY ☐ Delete
STREET ADDRESS 690 SOUTH WIND CIRCLE
CITY-ST-ZIP SUNRISE FL

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

TITLE TD
NAME THOMAS, TOM ☐ Delete
STREET ADDRESS 325 LAKESIDE COURT
CITY-ST-ZIP SUNRISE FL

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREA

3-15-02

389 1055

CR2E037 (9/01)