

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90352 010 ****61.25

DOCUMENT # 751246

1. Entity Name
84 SOUTH PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
11784 W SAMPLE RD
CORAL SPRINGS, FL 33065

Mailing Address
11784 W SAMPLE RD
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

03132006 Chg-NP CR2E037 (11/05)

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

UNITED COMMUNITY MGMT, CORP
11784 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

TITLE PD
NAME FIGUEROA, SAMANTHA
STREET ADDRESS 264 W RIVERBEND DR
CITY-ST-ZIP SUNRISE, FL 33326 ☒ Delete

TITLE TD
NAME MILLER, MIKE
STREET ADDRESS 890 S WIND CIRCLE
CITY-ST-ZIP SUNRISE, FL 33326 ☒ Delete

TITLE SD
NAME DESANTIS, MARY
STREET ADDRESS 214 LAKESIDE CIRCLE
CITY-ST-ZIP SUNRISE, FL 33326 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME TULLER CHRIS
STREET ADDRESS 1007 SW 149TH LN
CITY-ST-ZIP SUNRISE, FL 33326 ☐ Change ☒ Addition

TITLE TD
NAME MILLER MIKE
STREET ADDRESS 653 WOODGATE CIR
CITY-ST-ZIP SUNRISE, FL 33326 ☐ Change ☒ Addition

TITLE SD
NAME BADTKE, PAULINE
STREET ADDRESS 15705 W. WATERSIDE CIR. #106
CITY-ST-ZIP SUNRISE, FL 33326 ☐ Change ☒ Addition

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Chris Tuller President 4/17/06 954 752-8105