

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90327 043 ****61.25

DOCUMENT # 760475

1. Entity Name

VERSAILLES GARDENS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**8001 COLONY CIRCLE N
 TAMARAC FL 33021
 US**

Mailing Address

**2950 N 28TH TERR
 HOLLYWOOD FL 33020
 US**

LUU31224



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8001 COLONY CIRCLE N.

3. Mailing Address

2950 N. 28TH TER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TAMARAC FL

City & State
HOLLYWOOD FL

4. FEI Number
59-2778366

Applied For
 Not Applicable

Zip
33321

Country
BR.

Zip
33020

Country
BR.

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

**FRED CHAKTOURA, PRESIDENT
 1600 S OCEAN DR
 PH-K
 HOLLYWOOD FL 33019**

Name- **JOE GANGUZZA**

Street Address (P.O. Box Number is Not Acceptable)

150 WEST FLAGLER ST.

City **MIAMI**

FL

Zip Code
33321

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

3/1/01

**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 NAME	DP CHAKTOURA, FRED	<input type="checkbox"/> Delete
STREET ADDRESS	1600 S OCEAN DR PH-K	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE NAME	VPD SPIGEL, PEARL	<input type="checkbox"/> Delete
STREET ADDRESS	1228 WEST AVE #802	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE NAME	DT LIGUORI, ROBERT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	9050 PINES BLVD STE 362	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE NAME	DS DUBNER, ANNETTE	<input type="checkbox"/> Delete
STREET ADDRESS	7555 MANDARIN DR	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	DP Tom METROULAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2841 N. OCEAN DR.	
CITY-ST-ZIP	FT. LAUD. FL 33308	
TITLE NAME	DT SPIGEL, PEARL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1965 S. OCEAN DR APT. 15E	
CITY-ST-ZIP	WALTONDALE BEACH, FL. 33009	
TITLE NAME	VPD SANDERS DAVID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	7801 COLONY CIRCLE SOUTH #102	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE NAME	DS DUBNER, ANNETTE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7555 MANDARIN DR	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE NAME	D CHAKTOURA, FRED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1600 S. OCEAN DR PH-K	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> 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 17, 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TOM METROULAS 2/22/01 954-722-5688
 Date Daytime Phone #

CR2E037 (10/00)