

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763777

1. Entity Name

SPRINGDALE LAKE "A" CONDOMINIUM ASSOCIATION, INC

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90093 027 ****61.25

Principal Place of Business

Mailing Address

C/O BENCHMARK PROPERTY MGT.
7932 WILES ROAD
CORAL SPRINGS FL 33067

C/O BENCHMARK PROPERTY MGT.
7932 WILES ROAD
CORAL SPRINGS FL 33067-2071

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

59-2213110

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

SALANARI, STACY
4943 N.W. 82ND AVE
LAUDERHILL FL 33351

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
HUSSLEIN, TERRY
4931 NW 82ND AVENUE
LAUDERHILL FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Dir-
Bell, John
4935 NW 82 Ave
Lauderhill, FL 33351

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
SALANARI, STACY
4943 N.W. 82ND AVE
LAUDERHILL FL 33351

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

SD
LOTTIMER, DEBRA
4947 N.W. 82ND AVE
LAUDERHILL FL 33351

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CITY-ST-ZIP

☐ Change ☐ Addition

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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:

Stacy Salanari
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-344-5353

2/16/00

Date

Daytime Phone #

CR2E037 (9/99)