

**2000 UNIFORM BUSINESS REPORT (UBR)**

3/4/00-90102-042-\$61.25-\$61.25

**DOCUMENT # 767362**

1. Entity Name

**TOWNHOUSES BY THE SEA HOMEOWNERS ASSOCIATION, INC**

**FILED**

**00 MAR 27 PM 12:38**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business <b>210 WASHINGTONIA AVE LAUDERDALE BY THE SEA FL 33308 US</b>	Mailing Address <b>210 WASHINGTONIA AVE LAUDERDALE BY THE SEA FL 33308-3622 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>206 WASHINGTONIA AVE</b>	3. Mailing Address <b>206 WASHINGTONIA AVE</b>
Suite, Apt. #, etc. <b>AVE</b>	Suite, Apt. #, etc. <b>AVE</b>

City & State <b>LAUDERDALE BY THE SEA LAUDERDALE BY THE SEA</b>	City & State <b>LAUDERDALE BY THE SEA LAUDERDALE BY THE SEA</b>
Zip <b>33308</b>	Zip <b>33308</b>
Country <b>US</b>	Country <b>US</b>

4. FEI Number <b>59-2369996</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MELCHIORE, GLORIA  
210 WASHINGTONIA AVE  
LAUDERDALE BY THE SEA FL 33308**

7. Name and Address of New Registered Agent

Name  
**KOLOCAS GREGORY**

Street Address (P.O. Box Number is Not Acceptable)  
**206 WASHINGTONIA AVE**

City  
**LAUDERDALE BY THE SEA FL**

Zip Code  
**33308**

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 **GREGORY KOLOCAS** *Treasurer* **02/25/00**

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing <i>Trust Fund Contribution.</i> <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS MELCHIORE, GLORIA 210 WASHINGTON AVE FORT LAUDERDALE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CORTEGUERA, H.J. 204 WASHINGTON AVE FORT LAUDERDALE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS CAREY, ELAINE 208 WASHINGTONIA AVE. FORT LAUDERDALE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ZIEBA, JOHN 212 WASHINGTONIA AVE LAUDERDALE-BY-THE-SEA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V KOLOCAS, GREGORY 206 WASHINGTON AVE FT LAUDERDALE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **GREGORY KOLOCAS** *Treasurer* **02/25/00** **954 771 0295**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

**KE**