

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-15-2002 90027 014 ****61.25

DOCUMENT # N04579

1. Entity Name
LAUDERDALE CITY CENTER TOWNHOMES 1 CONDOMINIUM, INC.

Principal Place of Business Mailing Address
101 N.E. 8TH AVE. 101 N.E. 8TH AVE.
FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

[REDACTED]
DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-2442132 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SEILER, JOHN P
2900 E. OAKLAND PARK BLVD.
SUITE 200
FT. LAUDERDALE FL 33306

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.

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

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: Delete
NAME: **PD KINGLSEY, GUY**
STREET ADDRESS: **101 NE 8TH AVE #5**
CITY-ST-ZIP: **FORT LAUDERDALE FL 33301**

TITLE: Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: Delete
NAME: **VD DONNELLY, JOE**
STREET ADDRESS: **101 NE 8TH AVENUE, #1**
CITY-ST-ZIP: **FORT LAUDERDALE FL 33301**
you delete

TITLE: Change Addition
NAME: **VD JOHN J. DEMATTEIS**
STREET ADDRESS: **101 N.E. 8TH AVE. #1**
CITY-ST-ZIP: **FT. LAUDERDALE, FL. 33301**

TITLE: Delete
NAME: **STD YUKSANOVICH, LORI**
STREET ADDRESS: **101 NE 8TH AVENUE, #2**
CITY-ST-ZIP: **FT. LAUDERDALE FL**
you delete

TITLE: Change Addition
NAME: **STD CHRISTINA SIRICANI**
STREET ADDRESS: **101 N.E. 8TH AVE. # 4**
CITY-ST-ZIP: **FT. LAUDERDALE, FL. 33301**

TITLE: Delete
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: Delete
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: Delete
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: Change Addition
NAME: _____
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 REQUIRED** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (9/01)