

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91515 041 ****70.00

DOCUMENT # N47804

1. Entity Name

NORTH ANDREWS NEIGHBORHOOD ASSOCIATION INC.

Principal Place of Business

169 NORTHWEST 44TH STREET
 SUITE 6
 FT. LAUDERDALE FL 33309

Mailing Address

169 NORTHWEST 44TH STREET
 SUITE 6
 FT. LAUDERDALE FL 33309

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

65-0330925

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

Name

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

City

FL

Zip Code

FILKINS, ERIC CPA
 75 NE 44TH STREET
 STE 7
 FORT LAUDERDALE FL 33334

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 ☐ Delete
 STREET ADDRESS LAMPASONE, DON
 CITY-ST-ZIP 4811 NE 5TH TERR.
 FT. LAUDERDALE FL 33334

TITLE NAME ☒ Change ☐ Addition
 STREET ADDRESS Marty Falk
 CITY-ST-ZIP 4860 NE 1st Terrace
 Ft. Lauderdale, FL 33334

TITLE NAME ☐ Delete
 STREET ADDRESS FALK, MARTY
 CITY-ST-ZIP 4860 NE 1ST TERRACE
 FT. LAUDERDALE FL 33334

TITLE NAME ☒ Change ☐ Addition
 STREET ADDRESS Mark Horowitz
 CITY-ST-ZIP NE 48th
 FT LAUDERDALE, FL 33334

TITLE NAME ☐ Delete
 STREET ADDRESS FILKINS, ERIC
 CITY-ST-ZIP 231 NW 55ST
 FORT LAUDERDALE FL 33309

TITLE NAME ☒ Change ☐ Addition
 STREET ADDRESS T Sharryn Smith
 CITY-ST-ZIP 160 N.W. 47 ST.
 Ft. Lauderdale, FL 33309

TITLE NAME ☐ Delete
 STREET ADDRESS DEFELICE, LUNDA
 CITY-ST-ZIP 4509 NW 5TH AVE.
 FT LAUDERDALE FL 33309

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

TITLE NAME ☐ Delete
 STREET ADDRESS MCNAMARA, ROBERT
 CITY-ST-ZIP 460 NE 51ST ST.
 FT LAUDERDALE FL 33334

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

TITLE NAME ☐ Delete
 STREET ADDRESS PAYNE, SHIRLEY
 CITY-ST-ZIP 5416 NE 3RD AVE.
 FT LAUDERDALE FL 33334

TITLE NAME ☐ Change ☐ 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 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]* 954-224-6001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (9/01)