

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # N96000001611
1. Corporation Name

LAUDERDALE BEACH EXTENSION HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3025 NE 22nd. Street

FORT LAUDERDALE, FLORIDA 33305

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

March 20, 1996

4. FEI Number

Applied For

65-066-8035

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

Patti Eckert

2101 NE 32nd. Avenue

Fort Lauderdale, Florida 33305

81 Name

Maureen Fongler

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

3031 NE 22nd. Street

83

84 City

Fort Lauderdale

FL

85 Zip Code

33305

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Maureen Fongler

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-installing)

May 27th., 1997

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	President	- DIRECTOR	☒ DELETE
NAME		Leslie Lombardi		
STREET ADDRESS		3108 NE 22nd. Street		
CITY-ST-ZIP		Fort Lauderdale, FL 33305		
TITLE	D	Vicepresident	-	☒ DELETE
NAME		Larry Kovalcin		
STREET ADDRESS		3107 NE 21st. Street		
CITY-ST-ZIP		Fort Lauderdale, FL 33305		
TITLE	D	Secretary	-	☒ DELETE
NAME		Patty Eckert		
STREET ADDRESS		2101 NE 32nd. Ave, Fort Lauderdale FL 33305		
CITY-ST-ZIP				
TITLE	D	Corresponding Secretary	- DIRECTOR	☒ DELETE
NAME		Leanne Deaner		
STREET ADDRESS		3025 NE 22nd. Street		
CITY-ST-ZIP		Fort Lauderdale, Florida 33305		
TITLE	D	Treasurer	- DIRECTOR	☐ DELETE
NAME		Thom Carr		
STREET ADDRESS		2411 NE 32nd. Avenue		
CITY-ST-ZIP		Fort Lauderdale, FL 33305		
TITLE				☐ DELETE
NAME				
STREET ADDRESS				
CITY-ST-ZIP				

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	(D)	President	DIRECTOR	☒ Change ☐ Addition
1.2 NAME		Euridice Miranda Lopez		
1.3 STREET ADDRESS		3031 NE 21st. Street		
1.4 CITY-ST-ZIP		Fort Lauderdale FL 33305		
2.1 TITLE	D	Vicepresident	- DIRECTOR	☒ Change ☐ Addition
2.2 NAME		Spencer Lloyd		
2.3 STREET ADDRESS		1918 NE 31st. Ave		
2.4 CITY-ST-ZIP		Fort Lauderdale, FL 33305		
3.1 TITLE				☐ Change ☐ Addition
3.2 NAME				
3.3 STREET ADDRESS				
3.4 CITY-ST-ZIP				
4.1 TITLE				☒ Change ☐ Addition
4.2 NAME				
4.3 STREET ADDRESS				
4.4 CITY-ST-ZIP				
5.1 TITLE				☐ Change ☐ Addition
5.2 NAME				
5.3 STREET ADDRESS				
5.4 CITY-ST-ZIP				
6.1 TITLE				☐ Change ☐ Addition
6.2 NAME				
6.3 STREET ADDRESS				
6.4 CITY-ST-ZIP				

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Euridice Miranda Lopez, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

hopez

Director

May 27, 1997

Date

954-565-8318

Daytime Phone #

CR2E037 (9/96)