

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003144

1. Entity Name

LOTUS GARDENS CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90087 004 ****61.25

Principal Place of Business

4805 NW 35TH STREET
LAUDERDALE LAKES FL 33319

Mailing Address

4805 NW 35TH STREET
LAUDERDALE LAKES FL 33319-5381

CUU44147



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0724351

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DROUIN, ALBENY
4805 NW 35TH STREET
LAUDERDALE LAKES FL 33319

Name
KEN WEINGART

Street Address (P.O. Box Number is Not Acceptable)
4805 NW 35th STREET

City
LAUDERDALE LAKES, FL 33319 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]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE *3/20/00*

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 VD ☒ Delete
NAME DROUIN, ALBENY
STREET ADDRESS 4805 NW 35TH ST, L-411
CITY-ST-ZIP LAUDERDALE LAKES FL 33319

TITLE PD ☐ Change ☒ Addition
NAME KEN WEINGART
STREET ADDRESS 4805 NW 35th ST., L-408
CITY-ST-ZIP LAUDERDALE LAKES, FL 33319

TITLE VD ☒ Delete
NAME LABRIE, JACQUES
STREET ADDRESS 4805 NW 35TH ST., L-412
CITY-ST-ZIP LAUDERDALE LAKES FL 33319

TITLE VD ☐ Change ☒ Addition
NAME CAROL COULOMBE
STREET ADDRESS 4805 NW 35th ST., L-405
CITY-ST-ZIP LAUDERDALE LAKES, FL 33319

TITLE PD ☒ Delete
NAME CHABOT, GAETAN
STREET ADDRESS 4805 NW 35TH ST. L-615
CITY-ST-ZIP LAUDERDALE LAKES FL 33319

TITLE VD ☐ Change ☒ Addition
NAME JACQUES AUBERTIN
STREET ADDRESS 4805 NW 35th ST., L-515
CITY-ST-ZIP LAUDERDALE LAKES, FL 33319

TITLE TD ☒ Delete
NAME DENAULT, JACQUES
STREET ADDRESS 4805 NW 35TH ST
CITY-ST-ZIP LAUDERDALE LAKES FL 33319

TITLE TD ☐ Change ☒ Addition
NAME SIMONE VACHON
STREET ADDRESS 4805 NW 35th ST., L-516
CITY-ST-ZIP LAUDERDALE LAKES, FL 33319

TITLE SD ☒ Delete
NAME RICHARD, ROLLAND
STREET ADDRESS 4805 NW 35TH ST, L-505
CITY-ST-ZIP LAUDERDALE LAKES FL 33319

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

TITLE D ☐ Delete
NAME MELLET, HELEN
STREET ADDRESS 4805 NW 35TH ST
CITY-ST-ZIP LAUDERDALE LAKES FL 33319

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

2. 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 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 1, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *3/20/00* Daytime Phone *734*

CR2E037 (9/99)