

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90560 001 ***183.75

DOCUMENT # N96000003144

1. Entity Name

LOTUS GARDENS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**4805 NW 35TH STREET
 LAUDERDALE LAKES FL 33319**

Mailing Address

**4805 NW 35TH STREET
 LAUDERDALE LAKES FL 33319**

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 **65-0724351**

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

**BERTRAND, JEANNETTE
 4805 NW 35TH STREET
 LAUDERDALE LAKES FL 33319**

Name **DEVELOPMENT CONSULTANTS, INC.
 ANDREW MEYROWITZ**

Street Address (P.O. Box Number Is Not Acceptable)
2035 HARDING ST., SUITE 200

City **HOLLYWOOD, FL** Zip Code **33020**

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 ☐ Delete
 NAME **PD BERTRAND, JEANNETTE**
 STREET ADDRESS **4805 NW 35TH ST**
 CITY-ST-ZIP **LAUDERDALE LAKES FL 33319**

TITLE ☐ Change ☒ Addition
 NAME **SD GIROUX, PIERRETTE**
 STREET ADDRESS **4805 NW 35th St. #L-507**
 CITY-ST-ZIP **LAUDERDALE LAKES, FL 33319**

TITLE ☐ Delete
 NAME **VD AUBERTIN, JACQUES**
 STREET ADDRESS **4805 NW 16TH ST**
 CITY-ST-ZIP **LAUDERDALE LAKES FL 33319**

TITLE ☐ Change ☒ Addition
 NAME **TD PANEWICZ, JOAN**
 STREET ADDRESS **4805 NW 35th ST #L-613**
 CITY-ST-ZIP **LAUDERDALE LAKES, FL 33319**

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

TITLE ☐ Change ☒ Addition
 NAME **D COULOMBE, CAROL**
 STREET ADDRESS **4805 NW 35 St #L-406**
 CITY-ST-ZIP **LAUDERDALE Lakes, FL 33319**

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

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

TITLE ☒ Delete
 NAME **SD GIROUD, PIERRETTE**
 STREET ADDRESS **4805 NW 35TH ST**
 CITY-ST-ZIP **LAUDERDALE LAKES FL 33319**

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:

JEANNETTE BERTRAND
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)