

2000 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED

Apr 24, 2000 8:00 am
Secretary of State

01-31-2000 90024 027 ****61.25

DOCUMENT # N97000002608

1. Entity Name

L'HERMITAGE COMMUNITY ASSOCIATION, INC.

Principal Place of Business

3200 N. OCEAN BLVD
 FT LAUDERDALE FL 33308

Mailing Address

3200 N. OCEAN BLVD
 FT LAUDERDALE FL 33308-7152

2. Principal Place of Business

3100 N. OCEAN BLVD.

3. Mailing Address

3100 N. OCEAN BLVD



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

4. FEI Number

65-0787263

Applied For

Not Applicable

Zip

33308

Country

USA

Zip

33308

Country

USA

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

ISAACSON, WILLIAM K
 C/O LANG MANAGEMENT CO INCV
 5295 TOWN CENTER RD
 BOCA RATON FL 33486

Name

Gene Sitter

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

3100 North Ocean Boulevard

City

Fort Lauderdale

FL

Zip Code

33308

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

1/19/00

**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

TITLE: PD
 NAME: FEUER, ARTHUR Delete
 STREET ADDRESS: 3200 N. OCEAN BLVD
 CITY-ST-ZIP: FT. LAUDERDALE FL 33308

TITLE: VPD
 NAME: JONES, JACK Delete
 STREET ADDRESS: 3200 N. OCEAN BLVD
 CITY-ST-ZIP: FT. LAUDERDALE FL 33308

TITLE: STD
 NAME: DAVID, ABE Delete
 STREET ADDRESS: 3100 N. OCEAN BLVD
 CITY-ST-ZIP: FT LAUDERDALE FL 33308

TITLE: S
 NAME: ASTOR, MIKE Delete
 STREET ADDRESS: 3100 N. OCEAN BLVD
 CITY-ST-ZIP: FT. LAUDERDALE FL 33308

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PRESIDENT Change Addition
 NAME: GENE SITTER
 STREET ADDRESS: 3100 NORTH OCEAN BOULEVARD
 CITY-ST-ZIP: FORT LAUDERDALE, FL 33308

TITLE: ~~Vice President~~ Change Addition
 NAME: LEW ROBIN
 STREET ADDRESS: 3200 NORTH OCEAN BOULEVARD
 CITY-ST-ZIP: FORT LAUDERDALE, FL 33308

TITLE: TREASURER Change Addition
 NAME: DONALD POWELL
 STREET ADDRESS: 3100 NORTH OCEAN BOULEVARD
 CITY-ST-ZIP: FORT LAUDERDALE, FL 33308

TITLE: SECRETARY Change Addition
 NAME: HUEY VABEK
 STREET ADDRESS: 3100 NORTH OCEAN BOULEVARD
 CITY-ST-ZIP: FORT LAUDERDALE, FL 33308

TITLE: Change Addition
 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

DAYTIME PHONE #

1/19/00 954-528-6408