

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 26, 2001 8:00 am**  
**Secretary of State**

02-26-2001 90521 050 \*\*\*\*61.25

**DOCUMENT # N97000003032**  
 1. Entity Name  
**L'HERMITAGE II CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>3200 N OCEAN BLVD FT LAUDERDALE FL 33308</b>	Mailing Address <b>3200 N OCEAN BLVD FT LAUDERDALE FL 33308</b>
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DO NOT WRITE IN THIS SPACE

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 <b>65-0787500</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**ARMSTRONG, JANICE**  
**3200 N OCEAN BLVD**  
**MGMT OFFICES**  
**FORT LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent  
 Name **CUOMO, RICHARD**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3200 N. OCEAN BLVD**  
**MGMT. OFFICES**  
 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 **RICHARD CUOMO, MANAGER** *Richard Cuomo* **1/12/01**  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JONES, JACK</b> <b>3200 N OCEAN BLVD</b> <b>FT LAUDERDALE FL 33308</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>RUBIN, LEWIS</b> <b>3200 N OCEAN BLVD</b> <b>FT LAUDERDALE FL 33308</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>KRBEHENBUGHL, OSCAR</b> <b>3200 N OCEAN BLVD</b> <b>FT LAUDERDALE FL 33308</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>ASCHENBRAND, LEONARD</b> <b>3200 N OCEAN BLVD</b> <b>FT LAUDERDALE FL 33308</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>LEEDS, ALEX</b> <b>3200 N OCEAN BLVD</b> <b>FORT LAUDERDALE FL 33308</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SHELSTAD, DAVID</b> <b>3200 N. OCEAN BLVD.</b> <b>FT. LAUDERDALE, FL 33308</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEEDS, MARILYN</b> <b>3200 N. OCEAN BLVD</b> <b>FT. LAUDERDALE, FL 33308</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>FEUER, ARTHUR</b> <b>3200 N. OCEAN BLVD</b> <b>FT. LAUDERDALE, FL 33308</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>BROOKS, DALE</b> <b>3200 N. OCEAN BLVD</b> <b>FT. LAUDERDALE, FL 33308</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RIEHL, JILL</b> <b>3200 N. OCEAN BLVD</b> <b>FT. LAUDERDALE, FL 33308</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **DAVID SHELSTAD** *David Shelstad* **1/12/01** **954-375-0066**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)