

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718505

1. Entity Name

LAUDERDALE MANORS HOME OWNERS ASSOCIATION, INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90139 034 \*\*\*\*70.00

Principal Place of Business

Mailing Address

LAUDERDALE MANOR RECREATION CENTER  
1340 CHATEAU PARK DRIVE  
FT. LAUDERDALE FL 33311  
US

C/O LAUD. MANORS HOMEOWNERS ASSOC. INC.  
PO BOX 5471  
FT LAUDERDALE FL 33310-5471  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1713295

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

WILSON, PATRICE  
1512 NW 17 ST  
FT. LAUDERDALE FL 33311

Name

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

City

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, 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 V ☐ Delete  
NAME JONES, ANNIE  
STREET ADDRESS 1158 NW 9 TERR  
CITY-ST-ZIP FT LAUDERDALE FL 33311

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

TITLE P ☐ Delete  
NAME GOLDSBY, MARSHA  
STREET ADDRESS 1708 NW 18 ST  
CITY-ST-ZIP FT. LAUDERDALE FL 33311

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

TITLE VD ☐ Delete  
NAME CREW, LACY  
STREET ADDRESS 1530 NW 18 CT  
CITY-ST-ZIP FT LAUDERDALE FL 33311

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

TITLE TD ☒ Delete  
NAME MINNEY, IRVIN  
STREET ADDRESS 1800 16 ST  
CITY-ST-ZIP FT LAUDERDALE FL 33311

TITLE ☐ Change ☒ Addition  
NAME Sheila Goldsby  
STREET ADDRESS 1708 NW 18 STREET  
CITY-ST-ZIP FT LAUD FL 33311

TITLE D ☐ Delete  
NAME ULMER, DENNIS  
STREET ADDRESS 1007 NW 11 PLACE  
CITY-ST-ZIP FT. LAUDERDALE FL

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

TITLE SD ☒ Delete  
NAME WILSON, PATRICE  
STREET ADDRESS 1512 NW 17 ST  
CITY-ST-ZIP FT LAUDERDALE FL 33311

TITLE S ☐ Change ☒ Addition  
NAME Patricia Moore  
STREET ADDRESS 1716 Lauderdale Manors Drive  
CITY-ST-ZIP FT LAUD FL 33311

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: Marsha Goldsby 1/8/2000 954-523-8523  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)