

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748854

1. Entity Name

EAST LAKES IN PEMBROKE PINES HOMEOWNERS ASSOCIAT

Principal Place of Business

9732 N.W. 16TH COURT  
PEMBROKE PINES FL 33024

Mailing Address

9732 N.W. 16TH COURT  
PEMBROKE PINES FL 33024-4451

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BECKER & POLIAKOFF  
311 STIRLING RD  
EMERALD LK CORP PARK  
HOLLYWOOD FL 33312-3525

7. Name and Address of New Registered Agent

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

TITLE  
NAME DV MAYOL ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP 1654 NW 96 AVE  
PEMBROKE PINES FL 33024

TITLE  
NAME D GERSTEIN, ELLIOTT - P ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP 1641 NW 98 WAY  
PEMBROKE PINES FL 33024

TITLE  
NAME P ROBINSON, RAYMOND ☒ Delete  
STREET ADDRESS  
CITY-ST-ZIP 9679 NW 15TH COURT  
PEMBROKE PINES FL

TITLE  
NAME DD DESANTIS, JOHN ☒ Delete  
STREET ADDRESS  
CITY-ST-ZIP 1630 NW 98TH TERRACE  
PEMBROKE PINES FL

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE  
NAME D DETTLOFF, MARGARET ☐ Change ☒ Addition  
STREET ADDRESS  
CITY-ST-ZIP 9820 NW 15TH CT.  
PEMBROKE PINES, FL

TITLE  
NAME SECRETARY, D SILVERMAN, MARGARET ☐ Change ☒ Addition  
STREET ADDRESS  
CITY-ST-ZIP 1670 W. 98TH AVE  
PEMBROKE PINES, FL

TITLE  
NAME TREASURER, D MAZZEI, FLORANCE ☐ Change ☒ Addition  
STREET ADDRESS  
CITY-ST-ZIP 9821 NW 16TH ST.  
PEMBROKE PINES, FL

12. I hereby certify that the information supplied with this filing does not qualify for the exemption state, 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:

JAMES P. MAYOL  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/00

Date

432-6888

Daytime Phone #

CR2E037 (9/99)