

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # 765085

1. Entity Name

SPRINGDALE LAKE "B" CONDOMINIUM ASSOCIATION, INC

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90086 007 \*\*\*\*61.25

Principal Place of Business Mailing Address  
C/O BENCHMARK PROP. MGMT. C/O BENCHMARK PROP. MGMT.  
7932 WILES ROAD 7932 WILES ROAD  
CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33067-2071

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 59-2266328 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
BARKER, ALLISON  
4940 NW 82ND AVE.  
LAUDERHILL FL 33351

7. Name and Address of New Registered Agent  
Name Kave & Ioger, P.A.  
Street Address (P.O. Box Number is Not Acceptable) 6261 NW 6 Way Suite 103  
City Fort Lauderdale FL Zip Code 33309

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 3/17/00

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

## OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

PD LARSEN, KAREN 4963 NW 82ND AVENUE LAUDERHILL FL 33351	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir Gersten, Paula 4971 NW 82 Ave Lauderhill, FL 33351	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D FONTAINE, CAROL 4965 NW 82ND AVE LAUDERHILL FL 33351	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir Pinder, Michelle 4934 NW 82 Ave Lauderhill, FL 33351	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STD OSBORNE, ALLYSON 4940 NW 82ND AVE LAUDERHILL FL 33351	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir Williams, Exavier 4969 NW 82 Ave Lauderdale, FL 33351	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** 954-344-344-5353 3/17/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)