

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**  
 02-20-2001 90078 007 \*\*\*\*61.25

**DOCUMENT # N46416**

1. Entity Name

**14TH STREET TOWNHOMES ASSOCIATION, INC.**

Principal Place of Business

**3170 N. FEDERAL HIGHWAY  
 SUITE 100  
 LIGHTHOUSE POINT FL 33064**

Mailing Address

**3170 N. FEDERAL HIGHWAY  
 SUITE 100  
 LIGHTHOUSE POINT FL 33064**

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

**65-0303620**

Applied For

Not Applicable

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

**SMITH, ROBERT H  
 3170 N. FEDERAL HIGHWAY  
 SUITE 100  
 LIGHTHOUSE POINT FL 33064**

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**P/D  
 MCEACHERN, LEWIS  
 2381 NE 14TH ST., UNIT 207  
 POMPANO BEACH FL 33062** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 MCEACHERN, LEWIS  
 2381 NE 14TH, UNIT 207  
 POMPANO BEACH, FL 33062** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**V/D  
 GAJDA, RICHARD  
 2501-NE-14TH ST., UNIT 302  
 POMPANO BEACH FL 33062** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**WEINSTEIN, BRUCE  
 POMPANO BEACH, FL 33062** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**STD  
 HARRIS, SIDNEY  
 2501 NE 14TH ST., UNIT 301  
 POMPANO BEACH FL 33062** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 WESTMAN, ELWIN  
 2471 NE 14TH ST., UNIT 101  
 POMPANO BEACH FL 33062** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 DISTEFANO, ANTHONY  
 2471 NE 14TH ST., UNIT 102  
 POMPANO BEACH FL 33062** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 MARINO, PAUL  
 2381 N.E. 14TH ST., UNIT 208  
 POMPANO BEACH FL 33062** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ 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 or other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/12/01 954-781-4158**

CR2E037 (10/00)