

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90045 027 ****61.25

DOCUMENT # 722774

1. Entity Name

CLOVER GARDENS CONDOMINIUM, INC.

Principal Place of Business

**5000 N.W. 36TH STREET
 LAUDERDALE LAKES FL 33319**

Mailing Address

**8051 WEST MCNAB ROAD
 TAMARAC FL 33321
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-1510660**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**EMBASSADOR COMMUNITY MANAGEMENT INC
 51 WEST MCNAB ROAD
 TAMARAC FL 33321**

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 **VP** ☐ Delete
 NAME **LEGAULT, MARC**
 STREET ADDRESS **5000 NW 36TH STREET #612**
 CITY-ST-ZIP **LAUDERDALE LAKES FL 33319**

TITLE **PD** ☐ Delete
 NAME **WOLOSHIN, EVELYN**
 STREET ADDRESS **5000 NW 36 ST**
 CITY-ST-ZIP **LAUDERDALE LAKES FL**

TITLE **VPD** ☐ Delete
 NAME **STIFLEMAN, EVELYN**
 STREET ADDRESS **5000 NW 36TH ST.**
 CITY-ST-ZIP **LAUDERDALE LAKES FL**

TITLE **S** ☐ Delete
 NAME **FELSEN, SOPHIE**
 STREET ADDRESS **5000 NW 36TH STREET #501**
 CITY-ST-ZIP **LAUDERDALE LAKES FL 33319**

TITLE **T** ☒ Delete
 NAME **LAFOREST, PIERRE**
 STREET ADDRESS **5000 NW 36TH STREET #601**
 CITY-ST-ZIP **LAUDERDALE LAKES FL 33319**

TITLE ☐ Delete
 NAME **STIFLEMAN, EVELYN**
 STREET ADDRESS **5000 NW 36TH STREET #601**
 CITY-ST-ZIP **LAUDERDALE LAKES FL 33319**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE **TD** ☐ Change ☒ Addition
 NAME **Florent Gagnon**
 STREET ADDRESS **5000 NW 36 Street, 412**
 CITY-ST-ZIP **Lauderdale Lakes, FL 33319**

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

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 I am empowered.

SIGNATURE: **Evelyn Wołoszyn**

1/17/2002 954-720-1677

CR2E037 (9/01)