

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713489

1. Entity Name

PARK RIDGE EAST APARTMENTS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2340 N E 9TH ST.  
FT. LAUDERDALE FL 33304  
US

Mailing Address

2340 N E 9TH ST.  
FT. LAUDERDALE FL 33304  
US

2. Principal Place of Business

3. Mailing Address

1220 MIAMI RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #6

City & State

City & State

FT LAUDERDALE FLA

Zip

Country

Zip

Country

BROWARD

4. FEI Number

59-1234796

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

SHOOP, THOMAS V

1220 MIAMI RD

SUITE #6

FORT LAUDERDALE FL 33316

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	D	<input checked="" type="checkbox"/> Delete
NAME	MARGARET CROWLEY	
STREET ADDRESS	2340 N.E. 9TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DRADICK, JOYCE	
STREET ADDRESS	2340 NE 9TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	K	<input checked="" type="checkbox"/> Delete
NAME	FROSTHOLM, JUNE	
STREET ADDRESS	2340 NE 9TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DIANE GIOVE	
STREET ADDRESS	2340 N.E. 9TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEDECKER, CAROL	
STREET ADDRESS	2340 N.E. 9TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIOVE, DIANE	
STREET ADDRESS	2340 N.E. 9TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FLA 33304	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROSTHOLM, JUNE	
STREET ADDRESS	2340 N.E. 9TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE, FLA 33304	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, SARA	
STREET ADDRESS	2340 N.E. 9TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE, FLA 33304	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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:

SIGNATURE REQUIRED

JUNE S. FROSTHOLM June S. Frosthholm

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #

FILED  
May 13, 2002 8:00 am  
Secretary of State

05-13-2002 90051 001 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE