

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90294 014 \*\*\*\*61.25

**DOCUMENT # N02000003619**

1. Entity Name  
**2080 OCEAN DRIVE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**2080 OCEAN DRIVE  
HALLANDALE FL 33009**

Mailing Address  
**2080 OCEAN DRIVE  
HALLANDALE FL 33009**

2. Principal Place of Business  
**2080 S. Ocean DR**  
Suite, Apt. #, etc.

3. Mailing Address  
**2080 S. Ocean DR**  
Suite, Apt. #, etc.  
**Suite # 110**

City & State  
**Hallandale FL**  
Zip  
**33009** Country  
**USA**

City & State  
**Hallandale FL**  
Zip  
**33009** Country  
**USA**

4. FEI Number  
**03-0442869**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**ALBANESE, ANTHONY  
2828 CORAL WAY  
PENTHOUSE SUITE  
MIAMI FL 33145**

**7. Name and Address of New Registered Agent**

Name **Barbara Salk**

Street Address (P.O. Box Number is Not Acceptable)

**2080 S. Ocean Drive**

City **Hallandale** FL Zip Code **33009**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

**Barbara Salk, PRES. 3/20/03**

(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  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE **PD** ☒ Delete  
NAME **ALBANESE, ANTHONY**  
STREET ADDRESS **2080 OCEAN DRIVE**  
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **VD** ☐ Delete  
NAME **SALK, BARBARA**  
STREET ADDRESS **2080 OCEAN DRIVE**  
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **STD** ☐ Delete  
NAME **HERNANDEZ, ANGEL**  
STREET ADDRESS **2080 OCEAN DRIVE**  
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE **PD** ☒ Change ☐ Addition  
NAME **Barbara Salk**  
STREET ADDRESS **2080 Ocean Drive**  
CITY-ST-ZIP **Hallandale FL 33009**

TITLE **VD** ☐ Change ☒ Addition  
NAME **Still Hunter, III**  
STREET ADDRESS **2080 Ocean Drive**  
CITY-ST-ZIP **Hallandale FL 33009**

TITLE ☐ 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 ☐ 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 like empowered.

SIGNATURE: SIGNATURE REQUIRED **Salk 3/20/03**

**954456  
5215**

CR2E037 (10/02)