

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708478

1. Entity Name

C'EST LA VIE APARTMENT ASSOCIATION, INC.

Principal Place of Business

1800 NORTH 16TH AVENUE  
HOLLYWOOD FL 33020

Mailing Address

1800 NORTH 16TH AVENUE  
HOLLYWOOD FL 33020

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SWEM, BETTY  
1800 N. 16TH AVENUE, APT. 6  
HOLLYWOOD FL 33020

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

*Betty Swem Manager*

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

(NOTE: Registered Agent signature required when reinstating)

*May 8-01*

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 PD ☐ Delete  
NAME DONK, GERALD  
STREET ADDRESS 481 FIELD ST.  
CITY-ST-ZIP CLIFTON SPRINGS NY 14432

TITLE TV ☐ Delete  
NAME MISKOVIC, OLGA  
STREET ADDRESS 3211 BROWNS LAKE DR  
CITY-ST-ZIP BURLINGTON WI

TITLE S ☐ Delete  
NAME BEAL, SUSAN  
STREET ADDRESS 113 JACKSON ST  
CITY-ST-ZIP NORTH VERNON IN 47265

TITLE T ☐ Delete  
NAME CUMMINGS, KATE  
STREET ADDRESS 7422 N US 31  
CITY-ST-ZIP SEYMOUR IN 47274

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 ☐ 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

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*

4/10/01 812-346-6790

FILED  
May 17, 2001 8:00 am  
Secretary of State

05-17-2001 90372 038 \*\*\*\*61.25

550813



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1110527

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

CR2E037 (10/00)