

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90022 005 \*\*\*\*61.25

**DOCUMENT # 711401**

1. Entity Name

**1014 CONDOMINIUM APARTMENTS ASSOCIATION, INC.**

Principal Place of Business

**1435 S E 10TH AVE  
 FT. LAUDERDALE FL 33316**

Mailing Address

**1435 S E 10TH AVE  
 FT. LAUDERDALE FL 33316**

2. Principal Place of Business

**1435-1439 SE 10AVE**

3. Mailing Address

**1439 SE 10AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#1-4**

**#1**

City & State

**Ft Lauderdale FL**

City & State

**Ft Lauderdale FL**

Zip

Country

**33316**

**Brow.**

Zip

Country

**33316**

**Broward**

4. FEI Number **65-0001994**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**CHRISTOPOULOS, ELAINE**

**1439 SE 10TH AVE**

**UNIT 1**

**FT. LAUDERDALE FL 33316**

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 **TD** ☐ Delete

NAME **CHRISTOPOULOS, ELAINE**  
 STREET ADDRESS **1439 SE 10TH AVE., UNIT 1**  
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **SD** ☒ Delete

NAME **FRANCEK, JAMES**  
 STREET ADDRESS **1435 SE 10TH AVE., UNIT 4**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE **PD** ☒ Delete

NAME **MIKELL, ROBERT J**  
 STREET ADDRESS **1435 SE 10TH AVE., UNIT 3**  
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **Pres - Dir** ☐ Delete

NAME **John Nolan**  
 STREET ADDRESS **1439 SE 10AVE #2**  
 CITY-ST-ZIP **Ft Lauderdale FL**

TITLE **Director** ☐ Delete

NAME **MIKELL Robert**  
 STREET ADDRESS **1035 SE 10AVE #3**  
 CITY-ST-ZIP **Ft Lauderdale FL**

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Pres - Dir** ☐ Change ☒ Addition

NAME **Nolan John**  
 STREET ADDRESS **1439 SE 10AVE #2**  
 CITY-ST-ZIP **Ft Lauderdale FL**

TITLE **Director-VP** ☒ Change ☐ Addition

NAME **MIKELL Robert J.**  
 STREET ADDRESS **1435 SE 10AVE #3**  
 CITY-ST-ZIP **Ft Lauderdale FL**

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

Date

Daytime Phone #

CR2E037 (9/01)