

2003 UNIFORM BUSINESS REPORT (UBR)

FILED

May 07, 2003 8:00 am
Secretary of State

05-07-2003 90173 034 ****61.25

DOCUMENT # 716285

1. Entity Name

The Village by the Sea Condominium Apartment

Principal Place of Business

2176 W. Oakland Park Blvd
Fort Lauderdale, FL
33311

Mailing Address

2176 W. Oakland Park
Fort Lauderdale, FL 33311

2. Principal Place of Business

c/o Pro Property Mgmt., Inc
Suite, Apt. #, etc.
2176 W. Oakland Park Blvd

3. Mailing Address

c/o Pro Property Mgmt., Inc
Suite, Apt. #, etc.
2176 W. Oakland Park Blvd

DO NOT WRITE IN THIS SPACE

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

4. FEI Number

59-1145419

Applied For

Not Applicable

Zip

33311

Country

Zip

33311

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Dederick, Dorothy
1967 S. Ocean Blvd. 321-D
Pompano Beach, FL 33062

7. Name and Address of New Registered Agent

Name
Pro Property Mgmt
Street Address (P.O. Box Number is Not Acceptable)
2176 W. Oakland Park Blvd.
City
Fort Lauderdale FL Zip Code
33311

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

4/30/03

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 | <input type="checkbox"/> Delete |
| NAME | Dederick Dorothy | |
| STREET ADDRESS | 1967 S Ocean Blvd #321-D | |
| CITY-ST-ZIP | Pompano Beach, FL 33062 | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | Busnot, Philip | |
| STREET ADDRESS | 1967 S. Ocean Blvd | |
| CITY-ST-ZIP | Pompano Beach, FL 33062 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | Krezmien, Chelsea | |
| STREET ADDRESS | 1967 S Ocean Blvd. | |
| CITY-ST-ZIP | Pompano Beach, FL 33062 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | Madden, Kelly | |
| STREET ADDRESS | 1967 S Ocean Blvd. | |
| CITY-ST-ZIP | Pompano Beach, FL 33062 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | Bellagher Thomas | |
| STREET ADDRESS | 1967 S Ocean Blvd | |
| CITY-ST-ZIP | Pompano Beach, FL 33062 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------|--|
| 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 | | |
| TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Sally Jones | |
| STREET ADDRESS | 1967 S Ocean Blvd | |
| CITY-ST-ZIP | Pompano Beach, FL 33062 | |
| TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Phyllis Shinn | |
| STREET ADDRESS | 1967 S Ocean Blvd, C-311 | |
| CITY-ST-ZIP | Pompano Beach, FL 33062 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Zoltan Simon | |
| STREET ADDRESS | 1967 S Ocean Blvd, C-213 | |
| CITY-ST-ZIP | Pompano Beach, FL 33062 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/03

Date

954-735-5000

Daytime Phone #

CR2E037 (11/00)