2000 UNIFORM BUSINESS REPORT (UBR)

Apr 10, 2000 8:00 am Secretary of State **DOCUMENT # 717974** 1. Entity Name CONDOMINIUM ASSOCIATION OF VALIANT HOUSE, INC. 04-10-2000 90102 043 ****61.25 Mailing Address Principal Place of Business 801 SOUTH OCEAN DRIVE **801 SOUTH OCEAN DRIVE** HOLLYWOOD FL 33019-2126 HOLLYWOOD FL 33019 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-1370419 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent-7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) KAYE & ROGER, P.A. 6261 NW 6TH WAY SUITE 103 Zip Code FT LAUDERDALE FL 33309 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** Mav Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. SEC- TREAS. Addition ☐ Change A Delete TITLE TITLE NAME SANDRA RANIA NAME ALELLO, ROSALIE 801 5. OCEAN DR. #601 STREET ADDRESS STREET ADDRESS 801 SOUTH OCEAN DRIVE 1104 CITY-ST-ZIP PIOSE 17 GEOWYJUG CITY-ST-ZIP HOLLYWOOD FL 33019 TITLE **K** Change Addition ☐ Delete D TITLE FRIZOLI, LEONARD FOIS. OCTAN DR # 1006 NAME FRIZOLI, LEONARD NAME STREET ADDRESS STREET ADDRESS 801 SOUTH OCEAN DRIVE 702 HOLLY WOOD -- FL -- 3-3-019 CITY-ST-ZIP CITY: ST-ZIP. HOLLYWOOD-FL-33019-TITLE ☐ Change Addition Delete TITLE NAME KATHLEEN MCGOWAN, WILLIAM NAME STREET ADDRESS 801 S. OCEAN STREET ADDRESS **801 SOUTH OCEAN DRIVE** CITY-ST-ZIP CITY-ST-ZIP HOLLY WOOD . PL HOLLYWOOD FL 33019 ☐ Change ☐ Addition TITLE ☐ De'ete NAME POMPLIANO, FRANK بسسه وستخذيضين STREET ADDRESS STREET ADDRESS 801 SOUTH OCEAN DRIVE 403 CITY-ST-7IP CITY-ST-ZIP HOLLYWOOD FL 33019 Addition Change Delete TITLE シェルニリン ハルーニ JENKINS, IRWIN NAME NAME ي المحتدة STREET ADDRESS STREET ADDRESS 801 SOUTH OCEAN DRIVE 207 CITY-ST-ZIP CITY-ST-ZIF HOLLYWOOD FL 33019 Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 plustee empowered to execute this report of required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Description

Descripti

changed, or on an attachment with

SIGNATURE: