**2001 UNIFORM BUSINESS REPORT (UBR)** 

**SIGNATURE:** 

## Aug 08, 2001 8:00 am Secretary of State **DOCUMENT # 720151** WINDERMERE CONDOMINIUM, INC. 08-08-2001 90008 010 \*\*\*\*61.25 Principal Place of Business Mailing Address 1818 NW 54TH TERR P.O. BOX 290322 FT. LAUDERDALE FL 33329 LAUDERHILL FL 33313 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1361390 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 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) POLIAKOFF, GARY A C/O BECKER & POLIAKOFF, P.A. 3111 STIRLING ROAD Zip Code FT. LAUDERDALE FL 33312 FL 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 Make Check Payable to \$5.00 May Be Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PTD TITLE ☐ Delete TITLE Channe ☐ Addition MCLEAN, KELLY B NAME NAME 2001 N.W. 84TH TERRACE **CR2E037** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33024 CITY-ST-ZIP ٧D TITLE TITLE ☐ Change ☐ Addition ☐ Delete GIBBS, GEORGE **≗**NAME NAME STREET ADDRESS 1848 55TH AVE, SUITE 1 STREET ADDRESS CITY-ST-ZIP LAUDERHILL FL 33313 CITY-ST-ZIP --VSD TITLE ☐ Delete ☐ Change ☐ Addition JACKSON, CHERY L NAME NAME 5400 NW 18TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAUDERHILL FL 33313 CITY-ST-ZIP DITLE ☐ Delete TITLE ☐ Change ☐ Addition MCGRAW, J.LLOYD NAME NAME 1848 NW 54 TERR #3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33313 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STEPHENS, J. L NAME NAME 1817 NW 54 TERR #4 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33313 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS 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.

FILED