

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90226 026 ****61.25



DOCUMENT # 721335

1. Entity Name

HIDDEN HARBOR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**1775 N. ANDREWS EXTENSION
 FORT LAUDERDALE FL 33311-1846**

Mailing Address

**1775 N. ANDREWS EXTENSION
 FORT LAUDERDALE FL 33311-1846**

2. Principal Place of Business

3. Mailing Address

City & State

City & State

4. FEI Number **59-1489169**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZITANI, LISA
 1750 NW 3RD TERRACE
 #109C
 FT LAUDERDALE FL 33311**

Name **SEACK, Jennifer**
 Street Address (P.O. Box Number is Not Acceptable) **1785 N. ANDREWS AVE # 207E**
Fort Lauderdale
 City **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 *Jennifer Seack*
 Signature, typed or printed name of registered agent and title if applicable.

Jennifer Seack
 (NOTE: Registered Agent signature required when reinstating)

1/24/02
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
 NAME **ZITANI, LISA**
 STREET ADDRESS **1750 NW 3RD TERRACE #109C**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

TITLE **PD** ☒ Change ☐ Addition
 NAME **SEACK, Jennifer**
 STREET ADDRESS **1785 N Andrews Ave # 207E**
 CITY-ST-ZIP **Fort Lauderdale FL 33311**

TITLE **VD** ☒ Delete
 NAME **LAVROVSKY, STEPHEN**
 STREET ADDRESS **333 NW 17 CT #308**
 CITY-ST-ZIP **FT LAUDERDALE FL 33311**

TITLE **SD** ☒ Change ☐ Addition
 NAME **SD**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☒ Delete
 NAME **MILLER, JAMES**
 STREET ADDRESS **1785 N ANDREWS AVE #110E**
 CITY-ST-ZIP **FT LAUDERDALE FL 33311**

TITLE **VD** ☒ Change ☐ Addition
 NAME **Boyijan, Miriam**
 STREET ADDRESS **1750 NW 3rd Terr # 314C**
 CITY-ST-ZIP **Fort Lauderdale FLA 33311**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 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 another like empowered.

SIGNATURE *Jennifer Seack* *1/24/02* *954 786-0883*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)