2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723125

FILED

01 OCT -1 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6/4/01 90010/012 $61.25

1. Entity Name

SANDILEE TOWNHOUSE CONDOMINIUM APTS., INC

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1949 TAYLOR ST SUITE 9 HOLLYWOOD FL 33020 US	1949 TAYLOR ST SUITE 9 HOLLYWOOD FL 33020 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1429905 ☐ Applied For ☐ Not Applicable

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
DUZYK, VALERIE L. 1949 TAYLOR ST SUITE 9 HOLLYWOOD FL 33020	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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 D NAME STREET ADDRESS CITY-ST-ZIP	D ZENERINO, CATHERINE 1949 TAYLOR ST. #11 HOLLYWOOD FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	P CALLAHAN, PAULA 1949 TAYLOR ST #7 HOLLYWOOD FL 33021 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLUCCI, DELLA 1949 TAYLOR ST, APT 10 HOLLYWOOD FL ☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	David Kirkpatrick 1947 Taylor St #2 Hlwd FL 33020 ☐ Change ☒ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	ST DUZYK, VALERIE 1949 TAYLOR ST, SUITE 9 HOLLYWOOD FL 33020 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LS ☐ Change ☐ Addition

CR2E037 (10/00)

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: Valerie Duzyk 6/2/01 305 865-7291

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #