

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725897

1. Entity Name

FRENCH VILLAS OF LIGHTHOUSE POINT CONDOMINIUM AS

Principal Place of Business

1978 NE 32ND COURT
LIGHTHOUSE POINT FL 33064

Mailing Address

2300 E OAKLAND P BLVD
FORT LAUDERDALE FL 33306
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1511449

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POLIAKOFF, GARY A J.D.
BECKEY & POLIAKOFF, P.A.
2111 STIRLING ROAD
FORT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

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

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SCHMITT, CHERYL
STREET ADDRESS 1986 N.E. 33 ST
CITY-ST-ZIP LIGHTHOUSE POINT FL ☐ Delete

TITLE VD
NAME LANEVE, DEBRA
STREET ADDRESS 2011 N.E. 32ND ST
CITY-ST-ZIP LIGHTHOUSE POINT FL ☐ Delete

TITLE SD
NAME O'CONNELL, JANET
STREET ADDRESS 1996 NE 32ND ST
CITY-ST-ZIP LIGHTHOUSE POINT FL ☒ Delete

TITLE TD
NAME FARNER, WARREN
STREET ADDRESS 2011 N.E. 32ND ST
CITY-ST-ZIP LIGHTHOUSE POINT FL ☐ Delete

TITLE D
NAME WALLACE, BEVERLY
STREET ADDRESS 1981 N.E. 32ND ST
CITY-ST-ZIP LIGHTHOUSE POINT FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME Gibbs, Sonia
STREET ADDRESS 1975 NE 32nd Ct
CITY-ST-ZIP Light House Point FL 33064 ☐ Change ☒ Addition

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

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

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

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

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

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

Date

Daytime Phone #

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90047 048 *****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)