

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 726819**

1. Entity Name

GARDENS BY THE SEA SOUTH CONDOMINIUM ASSOCIATION**FILED**
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90016 049 ****61.25

0035896

Principal Place of Business

Mailing Address

**1541 S OCEAN BLVD
POMPANO BEACH FL 33062-7409****1541 S OCEAN BLVD
POMPANO BEACH FL 33062-7409**

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

59-1590961

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

Name

YVES CAMPEAU

Street Address (P.O. Box Number is Not Acceptable)

1530 S. OCEAN BLVD.

City

POMPANO BEACH

FL

Zip Code

33062

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

Yves Campeau President**3-13-01**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	CAMPEAU, YVES	1541 S. OCEAN BLVD	POMPANO BEACH FL 33062	☐					☐	☐
SD	YACOBELLIS, LUCILLE	1541 S. OCEAN BLVD	POMPANO BEACH FL 33062	☒	D	RICHARD FAWIKNER	1530 S. OCEAN BLVD	POMPANO BEACH, FL 33062	☒	☐
VPD	MADONIA, BEN	1541 S. OCEAN BLVD.	POMPANO BEACH FL 33062	☐					☐	☐
D	DEVITO, PETER	1541 S OCEAN BLVD	POMPANO BEACH FL 33062-7409	☒	B	RAYMOND KUNNATH (Director)	1530 S. OCEAN BLVD	POMPANO BEACH FL 33062	☐	☐
TD	CONWAY, KATHLEEN	1541 S. OCEAN BLVD.	POMPANO BEACH FL 33062	☐	SD/TO				☒	☐
				☐					☐	☐

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 REQUIRED**President****3-13-01****785-4592**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)