## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 01, 2002 8:00 am secretary of State **DOCUMENT # 726819** 1. Entity Name 04-01-2002 90645 017 \*\*\*\*61.25 GARDENS BY THE SEA SOUTH CONDOMINIUM ASSOCIATION . INC. Principal Place of Business Mailing Address 1541 S OCEAN BLVD 1541 S OCEAN BLVD POMPANO BEACH FL 33062-7409 POMPANO BEACH FL 33062-7409 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1590961 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CAMPEAU, YVES 1530 S OCEAN BLVD POMPANO BEACH FL 33062 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. (9/01) ☐ Change Addition TITLE ☐ Delete TITLE KARON GILBEY CAMPEAU, YVES NAME 1530 S. OCEAN BOILLEUARD **CR2E037** STREET ADDRESS STREET ADDRESS 1541 S. OCEAN BLVD CITY-ST-ZIP POMPADO BEACH, FI 33062 POMPANO BEACH FL 33062 CITY-ST-7IP ☐ Change **Addition** M Delete TITI F TITLE George TastA FAUKNER, RICHARD NAME NAME 1530 5 OCERD BOULEUARD STREET ADDRESS 1530 S OCEAN BLVD STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33062 CITY-ST-ZIP POMPANO BEACH, FI 33062 ☐ Addition ☐ Change ☐ Delete TITLE TITLE MADONIA, BEN NAME NAME STREET ADDRESS STREET ADDRESS 1541 S. OCEAN BLVD. CITY-ST-ZIP POMPANO BEACH FL 33062 CITY-ST-ZIP TREASURER 7. ☐ Addition Change Change ☐ Delete TITLE TITLE RAYMOND, KENNETH NAME NAME STREET ADDRESS 1530 S OCEAN BLVD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ Change ☐ Addition SDTD Delete TITLE TITLE CONWAY, KATHLEEN NAME NAME STREET ADDRESS STREET ADDRESS 1541 S. OCEAN BLVD. CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 without address, with all other like empowered. <u>3-aa-0a</u> SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

*954-785-4592* 

**FILED**