

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3/1

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90739 019 \*\*\*\*61.25

**DOCUMENT # 727334**

1. Entity Name

**ROKEST CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**8400 LAGOS DE CAMPO BLVD  
TAMARAC FL 33321**

Mailing Address

**8400 LAGOS DE CAMPO BLVD  
TAMARAC FL 33321**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **54-1054832**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LA SALA, ETHEL J.**

**LASALLE, ETHEL J.**

**8400 LAGOS DE CAMPO BLVD.**

**#308**

**TAMARAC FL 33321**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**ETHEL J. LA SALA Ethel J. La Sala - President**

**2/13/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

|                                                |                                                                                                       |                                            |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>LASALLE, ETHEL</b><br><b>8400 LAGOS DE CAMPO BLVD.</b><br><b>TAMARAC FL 33321</b>      | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VPI</b><br><b>HERNANDEZ, ROBERT</b><br><b>8390 LAGOS DE CAMPO BLVD.</b><br><b>TAMARAC FL 33321</b> | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>LUECK, EMMA</b><br><b>8390 LAGOS DE CAMPO BLVD. #301</b><br><b>TAMARAC FL 33321</b>    | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S D</b><br><b>DOERING, ALDA</b><br><b>8390 LAGOS DE CAMPO BLVD.</b><br><b>TAMARAC FL 33321</b>     | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>KALMAN, DANIEL</b><br><b>8390 LAGOS DE CAMPO BLVD.</b><br><b>TAMARAC FL 33321</b>      | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>CATOIA, ANTONIA</b><br><b>8390 LAGOS DE CAMPO BLVD.</b><br><b>TAMARAC FL 33321</b>     | <input checked="" type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                                                              |                                                                              |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Director</b><br><b>LAURA ROSE</b><br><b>8390 Lagos De Campo #106</b><br><b>TAMARAC FL 33321</b>           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Treasurer</b><br><b>Gloria Kukinda</b><br><b>8380 Lagos De Campo #305</b><br><b>TAMARAC FL 33321</b>      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Secretary</b><br><b>Lueck, Emma</b><br><b>8390 Lagos De Campo #306</b><br><b>TAMARAC FL 33321</b>         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Director</b><br><b>Doering, Alda</b><br><b>8400 Lagos De Campo #209</b><br><b>TAMARAC FL 33321</b>        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>2nd Vice President</b><br><b>8390 Lagos De Campo #304</b><br><b>TAMARAC FL 33321</b>                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Director</b><br><b>Johannesita Theresia</b><br><b>8390 Lagos De Campo #103</b><br><b>TAMARAC FL 33321</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: ETHEL J. LA SALA** **2/13/03** **(954) 720-7434**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)