

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90348 003 ****61.25

DOCUMENT # 730111

1. Entity Name

LA CANCHA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

15 N.E. 12TH AVENUE

615 N.E. 12TH AVENUE

LAUDERDALE FL 33304

FT. LAUDERDALE FL 33304
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

413

Suite, Apt. #, etc.

413

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1652032

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~LIGHT, HARRY J.~~
 615 NE 12TH AVE
 FT. LAUDERDALE FL 33304

Name: **SUE NEIDUSKI**
 Street Address (P.O. Box Number is Not Acceptable):
615 NE 12 AVE
413
 City: **FT. LAUDERDALE** FL Zip Code: **33304**

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

Sue Neiduski

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/02

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	<input type="checkbox"/> Delete
NAME	HOWELL, NANCY	
STREET ADDRESS	615 NE 12TH AVE	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	SDT	<input checked="" type="checkbox"/> Delete
NAME	LIGHT, HARRY	
STREET ADDRESS	615 NE 12TH AVE	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	DAS	<input type="checkbox"/> Delete
NAME	GRIFIN, NANCY	
STREET ADDRESS	615 12TH AVE	
CITY-ST-ZIP	FT LAUD, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUERRERA, JOHN	
STREET ADDRESS	615 NE 12TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SADER, ROBERT	
STREET ADDRESS	615 NE 12TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SIM, SUE	
STREET ADDRESS	615 NE 12TH AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEIDUSKI, SUE	
STREET ADDRESS	615 NE 12 AVE.	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIANCARLO SIZZI	
STREET ADDRESS	615 NE 12 AVE.	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Sue Neiduski
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02 9545227436
 Date Daytime Phone #

CR2E037 (9/01)