

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2001 8:00 am**  
**Secretary of State**

03-28-2001 90194 003 \*\*\*\*61.25

0045686

**DOCUMENT # 739461**

1. Entity Name

**ATLANTIC BEACH VILLAS CONDOMINIUM ASSOCIATION, I**

Principal Place of Business

Mailing Address

**5450 NORTH OCEAN BLVD.  
 #52  
 FT. LAUDERDALE FL 33308**

**5450 NORTH OCEAN BLVD.  
 #52  
 FT. LAUDERDALE FL 33308**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1752278**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BRERETON, LILAH M.  
 5450 N. OCEAN BLVD., #52  
 FT. LAUDERDALE FL 33308**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVP	<input type="checkbox"/> Delete
NAME	BRERETON, JOHN	
STREET ADDRESS	5450 N OCEAN BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	METZ, WILLIAM	
STREET ADDRESS	5450 N. OCEAN BLVD #10	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> Delete
NAME	FILOSO, PATRICK	
STREET ADDRESS	5450 N. OCEAN BLVD. #31	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> Delete
NAME	SZYMONIAK, DANIEL	
STREET ADDRESS	5450 N OCEAN BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMERI, JOE	
STREET ADDRESS	5450 N. OCEAN V.D.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LUCAS, ROBERT	
STREET ADDRESS	5450 N OCEAN BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
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: *Robert Lucas* **ROBERT LUCAS** 3/26/01 954-781-7866  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)