

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90128 028 ****70.00

DOCUMENT # 746932

1. Entity Name
**ESTATES OF FORT LAUDERDALE PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business
**2850 S.W. 54TH STREET
FT LAUDERDALE, FL 33312**

Mailing Address
**2850 S.W. 54TH STREET
FT LAUDERDALE, FL 33312**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04102006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-1911519

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

**STRALEY, STEPHEN J P.A.
3990 SHERIDAN STREET
SUITE 109
HOLLYWOOD, FL 33021**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
CUTSLER, JOAN
2911 SW 58 ST
FT LAUDERDALE, FL 33312** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Secretary
Jose Angelo Santiago
5540 Lagoon Drive
Ft. Lauderdale, FL 33312** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
TYRA, PATRICIA
8945 SW 54TH STREET
FORT LAUDERDALE, FL 33312** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Treasurer
Patricia Shroyer
3060 Lakeshore Dr
Ft. Lauderdale, FL 33312** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BEATTIE, ROBERT
2681 W MARINA DRIVE
FORT LAUDERDALE, FL 33312** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
William Glock
3100 SW 58 Place
Ft. Lauderdale, FL 33312** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
SAGLIO, PETER
5450 MACINTH
FORT LAUDERDALE, FL 33312** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Lois Quatrini
3037 Lakeshore Dr.
Ft. Lauderdale, FL 33312** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MACDONALD, LINDA
2851 SW 58 MANOR
FORT LAUDERDALE, FL 33312** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Charlotte Sloboda
2905 Lakeshore Dr
Ft. Lauderdale, FL 33312** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GOUDY, BRENDA
2879 SW 58 STREET
FT. LAUDERDALE, FL 33312** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Crossed out] ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

PATRICIA TYRA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/06
Date

954-987-5132
Daytime Phone #