## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an

## Jan 25, 2001 8:00 am Secretary of State **DOCUMENT # 752536** 1. Entity Name SHARI-LEA CONDOMINIUM ASSOCIATION, INC. 01-25-2001 90256 023 \*\*\*\*61.25 Principal Place of Business Mailing Address 141 ISLE OF VENICE CONDO 5-A 141 ISLE OF VENICE 141 ISLE OF VENICE STE. 5A FT LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number NOT APPLICABLE Not Applicable Zip Ζip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent \* 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) EDWARDS, JULIO F/LESORS M 141 ISLE OF VENICE CONDO 5 FT LAUDERDALE FL 33301 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) **FILE NOW:** 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Celete TITLE Change ☐ Addition FROYSKY, MD Eugench. NAME LESOVSKY, MD EUGENE A NAME Isie of Vanice Condos STREET ADDRESS 141 ISLE OF VENICE, CONDO 5 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE FT LAUDERDALE FL 33301 ST TITLE Delete TITLE ☐ Change Addition DEMPSTER, KRISTIN D NAME NAME STREET ADDRESS 141 ISLE OF VENICE, CONDO 3 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33301 TITLE ☐ Delete TITLE Change ☐ Addition Edwards Julio F. 141 Isle of Venice Condo 5 FT. Lauderchale F1. 33301 NAME EDWARDS, JULIO F NAME STREET ADDRESS 141 ISLE OF VENICE, CONDO 5 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33301 Delete TITLE TITLE Change ☐ Addition DAVIES, MARTHA NAME NAME STREET ADDRESS 141 ISLE OF VENICE, CONDO 5 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33301 TITLE ☐ Delete TITLE DEBOLT, SHRA 141 Isle of Venice Unit 6 F1. Lauderdde P1.33301 Addition DEBOLT, SARA NAME NAME STREET ADDRESS 141 ISLE OF VENICE UNIT 6 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33301 TITLE Delete TITLE Change ☐ Addition LOEKE, MD DAVID L G NAME NAME STREET ADDRESS 141 ISLE OF VENICE, UNIT 1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33301 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 in the corporation of 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 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the

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