

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755109

1. Entity Name

CANADA HOUSE BEACH CLUB CONDOMINIUM ASSOCIATION,

Principal Place of Business

1704 N OCEAN BLVD  
POMPANO BCH FL 33062

Mailing Address

1704 N OCEAN BLVD  
POMPANO BCH FL 33062-3420

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

KAYE & ROGER PA  
1500 W CYPRESS CREEK RD  
STE 207  
FT LAUDERDALE FL 33309

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.

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

TITLE VD ☐ Delete  
NAME OSCARSON, DAVID  
STREET ADDRESS 310 SE 7TH ST  
CITY-ST-ZIP POMPANO BCH FL

TITLE PD ☐ Delete  
NAME LONOW, VIRGINIA L  
STREET ADDRESS 2304 CYPRESS BEND DR S  
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE D ☐ Delete  
NAME OTTINO, J., P., III  
STREET ADDRESS 3015 N OCEAN BLVD #121  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE D ☐ Delete  
NAME AMIANO, CHARLES  
STREET ADDRESS 5710 S 38TH COURT  
CITY-ST-ZIP LAKE WORTH FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME Secretary / Treasurer  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Director  
STREET ADDRESS Sampson, Barbara  
CITY-ST-ZIP 6730 Kismet St.  
Miramar, FL

TITLE ☐ Change ☐ 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: VIRGINIA L. LONOW *3/27/00 954/971-7129*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 31, 2000 8:00 am  
Secretary of State

03-31-2000 90083 009 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2170211

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

CR2E037 (9/99)