

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 755315**

1. Entity Name

**BAMBOO VILLAS CONDOMINIUM ASSOCIATION, INC.****FILED****Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90383 019 \*\*\*\*61.25

Principal Place of Business

1250 MIAMI RD  
#7  
FT LAUDERDALE FL 33316  
US

Mailing Address

2224 S.E. 20TH STREET  
FT LAUDERDALE-FL 33316-3614  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-2169299

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

MINIACI, DOMINICK F  
821 E BROWARD BLVD  
FT LAUDERDALE FL 33301

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
GOOD JR, LEWIS F  
2224 S.E. 20 STREET  
FT LAUDERDALE, FL. 00000- 33316 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
33316TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
ZINSER, CAROL  
1250 S MIAMI RD 7  
FT LAUDERDALE, FL. 00000- ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
33316TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
REID, LINDA  
3900 OCEAN DRIVE #14E  
LAUDERDALE BY THE SEA FL 33308 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8 Jan 2001 954-763-2861

CR2E037 (10/00)