

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 755315**

1. Entity Name

**BAMBOO VILLAS CONDOMINIUM ASSOCIATION, INC.****FILED****Mar 22, 2002 8:00 am**  
**Secretary of State**

03-22-2002 90016 025 \*\*\*\*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  
US****FL STATE**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-2169299**

Applied For

Not Applicable

Zip

Country

Zip

Country

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  
321 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**

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

**Lewis F. Good Jr.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**954-763-2861**

CR2E037 (9/01)