

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90010 046 ****61.25

0044982


DOCUMENT # 755993
 1. Entity Name
7 EAST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 535 NE 7 AVENUE FT. LAUDERDALE FL 33301	Mailing Address 535 NE 7 AVENUE FT. LAUDERDALE FL 33301
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number 59-2478232	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

977505


DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TIGHE, TOM
800 E BROWARD BLVD
STE 505
FT LAUDERDALE FL 33301

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. (NOT: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SENKO, RICK	
STREET ADDRESS	575 NE 7TH AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROSENBERG, ROBERT	
STREET ADDRESS	579 NE 7 AVE.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KING, DOUGLAS	
STREET ADDRESS	571 NE 7TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KING, HANZ	
STREET ADDRESS	575 NE 7TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Richard DeStefano Pres.** *Richard DeStefano Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (10/00)