

2002 UNIFORM BUSINESS REPORT (UBR)

09-08-2002 90137 009 ****61:25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

43065

DOCUMENT # 755993

1. Entity Name

7 EAST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

535 NE 7 AVENUE
FT. LAUDERDALE FL 33301

535 NE 7 AVENUE
FT. LAUDERDALE FL 33301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2478232

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

TIGHE, TOM
800 E BROWARD BLVD
STE 505
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$238.25.

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	<input type="checkbox"/> Delete
P	SENKO, RICK	575 NE 7TH AVE	FORT LAUDERDALE FL 33301	<input type="checkbox"/> Delete
TD	ROSENBERG, ROBERT	579 NE 7 AVE	FORT LAUDERDALE FL 33301	<input checked="" type="checkbox"/> Delete
TD	KING, DOUGLAS	571 NE 7TH AVE	FT LAUDERDALE FL	<input type="checkbox"/> Delete
VPD	KING, HANZ	575 NE 7TH AVE	FT LAUDERDALE FL	<input type="checkbox"/> Delete
	Johr Miller	555 NE 7th Ave	FT LAUDERDALE FL	<input type="checkbox"/> Delete
	Walter Benn	537 NE 7th Ave	FT. LAUDERDALE FL	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

CF2E037 (4/02)

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)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8.31.02

Daytime Phone #

DO NOT WRITE IN THIS SPACE