2002 UNIFORM BUSINESS REPORT (UBR)

Apr 21, 2002 8:00 am Secretary of State **DOCUMENT # 758452** 1. Entity Name 03-03-2002 90102 029 ****61.25 1323-25 CONDOMINIUM ASSOCIATION, INC. Mailing Address Principal Place of Business 917 S.W. 16TH ST 917 S.W. 16TH ST FT LAUDERDALE FL 33315 FT LAUDERDALE FL 33315 2. Principal Place of Business 3. Mailing Address 1323 NW8 1323 NW Suite, Apt. #, etc. Avenje kvenue Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For NOT APPLICABLE Louderdale Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name Denny 2= Wood Street Address (P.O. Box Number is Not Acceptable) MASTRIANA, F RONALD 2750 NORTH FEDERAL HWY Tyler Street FT LAUDERDALE 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Lesperance, Chrisner 1323 NW 8 Avenue (9/01) Addition TITLE Delete TITLE PD ☐ Change NAME Onodi, Ferenc NAME **CR2E037** STREET ADDRESS STREET ADDRESS 917 S.W. 16TH ST F4 Laudardale FL 33311 CITY-ST-ZIF CITY-ST-7IP FT LAUDERDALE FL TITLE Delete TITLE VD Cetoute Cellana LOYD, RICHARD (MR.&MRS.) NAME NAME 1323 NW BAVENUE STREET ADDRESS STREET ADDRESS 1325 NW 8TH AVENUE Ft Lauderdale FL 33311 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL Delete Dennis R Wood TITLE CHASE HOME MORTGAGE CORP NAME NAME 2116 Tyler Street STREET ADDRESS STREET ADDRESS P.O. BOX 30166, NA 33020 CITY-ST-ZIP CITY-ST-ZIP Mollywood TAMPA FL ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change KAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Sterance D

SIGNATURE:

FILED

954)760.4675

Date

3/