

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 18, 2003 8:00 am**  
**Secretary of State**

8/2

08-27-2003 90080 026 \*\*\*\*\*62.00

**DOCUMENT # 758452**

1. Entity Name

1323-25 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1323 NW 8 AVENUE  
FORT LAUDERDALE FL 33311

1323 NW 8 AVENUE  
FORT LAUDERDALE FL 33311

55056767

1323 NW 8th Ave

2. Principal Place of Business

3. Mailing Address

1323 NW 8th Ave

Suite, Apt., #, etc.

Suite, Apt., #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

Fort Laud- FL.

Fort Laud- FL.

Zip

Country

Zip

Country

33311

33311

U.S.A

4. FEI Number NOT APPLICABLE

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

WOOD, DENNIS D  
1323 NW 8 AVENUE  
HOLLYWOOD FL 33020

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

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME LESPERANCE, CHRISNER  
STREET ADDRESS 1323 NW 8 AVENUE  
CITY-ST-ZIP FORT LAUDERDALE FL 33311 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD  
NAME CETOUTE, CELIANA  
STREET ADDRESS 1323 NW 8 AVENUE  
CITY-ST-ZIP FORT LAUDERDALE FL 33311 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME WOOD, DENNIS R  
STREET ADDRESS 2116 TYLER STREET  
CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ 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 ☐ Delete

TITLE  
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 REQUIRED

Chrisner Lesperance 9-16-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)