

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766692

1. Entity Name

LAKES OF CARRIAGE HILLS CONDOMINIUM ASSOCIATION,

Principal Place of Business

4965 SABAL PALM BLVD
TAMARAC FL 33319
US

Mailing Address

4965 SABAL PALM BLVE
TAMARAC FL 33319
US

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

59-2261638

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

WELLER, VERA
4940 SADAL PALM BLVD
SUITE 307
TAMARAC FL 33319

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP
NAME LICKER, HAROLD
STREET ADDRESS 4970 SABAL PALM BLVD.
CITY-ST-ZIP TAMARAC FL 33319 ☐ Delete

TITLE D
NAME FRADIN, SIDNEY
STREET ADDRESS 4970 SABLE PALM BLVD
CITY-ST-ZIP TAMARAC FL 33319 ☒ Delete

TITLE D
NAME LIPMAN, HAROLD
STREET ADDRESS 6080 SABLE PALM BLVD
CITY-ST-ZIP TAMARAC FL ☐ Delete

TITLE PRESIDENT
NAME WELLER, VERA
STREET ADDRESS 4940 SABAL PALM BLVD
CITY-ST-ZIP TAMARAC FL 33319 ☐ Delete

TITLE VP
NAME ROSS, HERBERT
STREET ADDRESS 4930 SABAL PALM BLVD.
CITY-ST-ZIP TAMARAC FL ☒ Delete

TITLE TREASURER
NAME HIRSCH, ALEXANDER
STREET ADDRESS 6095 SABLE PALM BLVD
CITY-ST-ZIP TAMARAC FL ☐ Delete

TITLE DIRECTOR
NAME JALIC SALSINGER
STREET ADDRESS 4475 SABAL PALM BLVD
CITY-ST-ZIP TAMARAC FL 33319 ☐ Change ☒ Addition

TITLE DIRECTOR
NAME RICHARD LEVY
STREET ADDRESS 4470 SABAL PALM BLVD
CITY-ST-ZIP TAMARAC, FL 33319 ☐ Change ☒ Addition

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

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

TITLE DIRECTOR
NAME LAWRENCE SCHNEIDER
STREET ADDRESS 6095 SABAL PALM BLVD
CITY-ST-ZIP TAMARAC, FL 33319 ☐ Change ☒ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/01 954-968-2346
Date Daytime Phone #

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90028 009 ****61.25

701442



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)