

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90029 003 ****61.25

DOCUMENT # 767863

1. Entity Name

WEST RIVER LAKE VILLAS CONDOMINIUM ASSOCIATION,

Principal Place of Business

Mailing Address

P.O. BOX 634171
MARGATE FL 33063-0171

P.O. BOX 634171
MARGATE FL 33063

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2289674

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROWLAND, SUSAN D
1111 WEST RIVER DR
MARGATE FL 33063

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	T	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWLAND, SUSAN		NAME	Rowland, Susan	
STREET ADDRESS	1111-W RIVER DR		STREET ADDRESS	1111 W River Dr.	
CITY-ST-ZIP	MARGATE FL 33063		CITY-ST-ZIP	Margate, FL 33063	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRIENER, GLEN		NAME	Beth Borden	
STREET ADDRESS	1161 W RIVER DR		STREET ADDRESS	1161 W River Dr.	
CITY-ST-ZIP	MARGATE FL		CITY-ST-ZIP	Margate FL 33063	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRABSKI, JOHN		NAME	John Grabski	
STREET ADDRESS	3420 NE 13 ST		STREET ADDRESS	3420 NE 13 St	
CITY-ST-ZIP	FT LAUDERDALE FL		CITY-ST-ZIP	Ft. Lauderdale	
TITLE		<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Oren Azmi	
STREET ADDRESS			STREET ADDRESS	1141 West River Dr.	
CITY-ST-ZIP			CITY-ST-ZIP	Margate, FL 33063	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:

Susan Rowland

3-15-2000