

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 22, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90042 017 \*\*\*\*61.25  
 07-22-2002 90163 042 \*\*\*\*61.25

**DOCUMENT # 767863**

1. Entity Name

**WEST RIVER LAKE VILLAS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 634171  
 MARGATE FL 33063-0171

P.O. BOX 634171  
 MARGATE FL 33063-0171

2. Principal Place of Business

**SAME**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

''

''

City & State

City & State

''

''

Zip

''

Country

''

Zip

''

Country

''

4. FEI Number

**59-2289674**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**ROWLAND, SUSAN D**  
**1111 WEST RIVER DR**  
**MARGATE FL 33063**

7. Name and Address of New Registered Agent

Name **Beth Bogdan**

Street Address (P.O. Box Number is Not Acceptable)

**1111 W. River Dr.**

City

**Margate**

**FL**

Zip Code

**33063**

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

**Beth Bogdan**

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

(NOTE: Registered Agent signature required when reinstating)

**071502**

DATE

**After September 13, 2002,**  
**min. will be \$236.25.**

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

TITLE **PD** ☒ Delete  
 NAME **ROWLAND, SUSAN**  
 STREET ADDRESS **1111 W RIVER DR**  
 CITY-ST-ZIP **MARGATE FL 33063**

TITLE **VP** ☒ Delete  
 NAME **GRABSKI, JOHN**  
 STREET ADDRESS **7420 NE 13 ST**  
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **T** ☐ Delete  
 NAME **BAGDAN, BETH**  
 STREET ADDRESS **1161 W RIVER DR**  
 CITY-ST-ZIP **MARGATE FL 33063**

TITLE **SD** ☒ Delete  
 NAME **AZONI, OREN**  
 STREET ADDRESS **1141 WEST RIVER DR**  
 CITY-ST-ZIP **MARGATE FL 33063**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition  
 NAME **Quianna Rivera**  
 STREET ADDRESS **1111 W. River Dr**  
 CITY-ST-ZIP **Margate, FL 33063**

TITLE **VP-SD** ☐ Change ☒ Addition  
 NAME **Diane Marsel**  
 STREET ADDRESS **1121 W. River Dr.**  
 CITY-ST-ZIP **Margate, FL 33063**

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

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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.

SIGNATURE:

**SIGNATURE REQUIRED**

**071502**

**954-979-7090**

CR2E037 (4/02)