

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 10, 2002 8:00 am
Secretary of State**

02-10-2002 90049 001 ****61.25

DOCUMENT # N00000005335

1. Entity Name

HOMEOWNER'S ASSOCIATION OF E.L.V. INC.

Principal Place of Business

**5568 SW 24TH AVENUE
FORT LAUDERDALE FL 33312**

Mailing Address

**5568 SW 24TH AVENUE
FORT LAUDERDALE FL 33312**

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 **52-2276421**

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****TEITELBAUM, JOSE
2237 SOUTH LAKE DR
FORT LAUDERDALE FL 33312**

Name

TED FILOSOFOS

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

5568 SW 24TH AVE**FTLW FL 33312**

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 \$61.259. 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 **PD** ☐ Delete
NAME **FILOSOFOS, TED**
STREET ADDRESS **5568 SW 24TH AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SD** ☐ Delete
NAME **TEITELBAUM, JOSE**
STREET ADDRESS **2237 SOUTH LAKE DR**
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **TD** ☐ Delete
NAME **FILOSOFOS, JACKIE**
STREET ADDRESS **5568 SW 24TH AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **FERRIS, RICHARD**
STREET ADDRESS **5546 DUBLIN DRIVE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **GAITHIER, NORM**
STREET ADDRESS **5522 ERIN**
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **FRANCOEUR, REHE**
STREET ADDRESS **5534 ERIN**
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)