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

## DOCUMENT # N02000008797

1. Entity Name

LAUDERHILL CENTRAL RESIDENTS ASSOCIATION, INC.

| Principal Pla                             | ice of Busines   | S                                      | Mailing Address               | -  |  |                                     |                    |   |  |
|---|------------------|--|-------------------------------|--|--|-------------------------------------|--------------------|---|--|
| 5721 NW 14 COURT 5721                     |                  |  | 5721 NW 14 COURT              |  |  |                                     |                    |   |  |
| N/A N/A<br>LAUDERHILL FL 33313 LAUI       |                  |  | •                             |  |  |                                     |                    |   |  |
| LAUDENHILL                                | rL 33313         |  | LAUDERHILL FL 33313           |  | † 10011141 <b>2</b> 21 00111                       | Handa dana dara bakka bakka dana l  | ARE ROLLA IRRIE AF | A (* 1 <b>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</b> |  |
| 2. Principal                              | Place of Busin   | ness                                   | 3. Mailing Address            |  |  |                                     |                    |   |  |
| $oldsymbol{ ho}_{\cdot}$                  |                  |  | P.O. BOX                      | P.O. BOX 190271  |  | -                                   | 701 70777 70010 10 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,            |  |
| Suite, Apt. #, etc.                       |                  |  | Suite, Apt. #, etc.           | Suite, Apt. #, etc.  |  | CHECK HERE IF MAKING CHANGES        |                    |   |  |
| City & State                              |                  |  | City & State                  |  | 4. FELNumber                                       |                                     |                    | pplied For  |  |
| Fo  |                  |  |                               | ort Lauderdale, FL.  |  | Da531                               |                    | ot Applicable                                     |  |
| Zíp Country                               |                  | Zip Country                            |                               | _  | 5. Certificate of Status Desired \$8.75 Additional |                                     |                    |   |  |
| 6. Name and Address of Current Reg        |                  |  | 20019                         | USA_   |  |                                     | Fee Require        | ed  |  |
|   | 6. Name          | and Address of Current                 | Registered Agent              | Name   | 7. Name and Address of New Registered Agent        |                                     |                    |   |  |
| 0011111                                   | 3 APRIL 1/1      | 1100                                   |                               | Natio  |  |                                     |                    |   |  |
| COLLINS, BERYL V MRS<br>5721 NW14TH COURT |                  |  |                               | Street Addre   | ess (P.O. Box Number is No                         | (P.O. Box Number is Not Acceptable) |                    |   |  |
| 5/21 NV<br>N/A                            | 1141H COU        | 11<br>                                 |                               |  |  |                                     | -                  |   |  |
|   | HILL FL 333      | 13                                     |                               |  |  |                                     |                    |   |  |
| DAUDEN                                    | I NCL I L 000    | 10                                     |                               | City   |  | FL                                  | Zip Cod            | e   |  |
| 8.: The above                             | e named entity   | submits this statement fo              | r the purpose of changing its | registered office or reg   | istered agent, or both, in th                      | e State of Florida. I am            | familiar with,     | and accept  |  |
| ,the obliga                               | ations of regist | ered agent.                            |                               |  | ·  |                                     |                    | ,   |  |
| \ <u>^</u>                                |                  | •                                      |                               |  |  |                                     |                    |   |  |
| SIGNATURE                                 |                  | or printed name of registered agent a  | ALOTE                         | - B  |  |                                     |                    |   |  |
|   | Olghadie, typed  | or printed harte or registered agent a | and the mappingable. (NOTE    | : Registered Agent signature re  | quired when reinstating)                           | DATE                                |                    |   |  |
|   | EU E NOW         | . EEE 10 001 00                        | <b>9</b> Classics Occ         |  |  |                                     |                    |   |  |
|   |                  |  |                               | aign Financing \$5.00 May Be Make Check Payable to Itribution. Added to Fees Florida Department of State |  |                                     |                    |   |  |
| Altor Cop                                 |                  | Lood, mint will be \$2                 | 00:20                         |  | Adda to 1 000                                      | rioliua Depair                      | unent of s         | State   |  |
| 10.                                       |                  | OFFICERS AND DIF                       | RECTORS                       | 11.  | ADDITIONS/CHANGES                                  | TO OFFICERS AND DI                  | RECTORS IN         | 110   |  |
| TITLE                                     | PRES             |  | ☐ Delete                      | TITLE  |  |                                     | Change             | ☐ Addition  |  |
| NAME                                      | COLLINS,         |  |                               | NAME   |  |                                     |                    |   |  |
| STREET ADDRESS                            |                  | 14TH COURT                             |                               | STREET ADDRESS   |  |                                     |                    |   |  |
| CITY-ST-ZIP                               | -                | LL FL 33313                            | 1                             | CITY-ST-ZIP  |  |                                     |                    |   |  |
| TITLE                                     | VP               | FUOLIOF                                | ☐ Delete                      | TITLE  | ند   |                                     | Change             | Addition  |  |
| NAME                                      | EXANTUS,         |  |                               | NAME   |  |                                     |                    |   |  |
| STREET ADDRESS<br>CITY-ST-ZIP             |                  | 55 AVENUE                              | the same of the same          | STREET ADDRESS = FE<br>CITY-ST-ZIP   |  |                                     | .~                 |   |  |
|   |                  | LL FL 33313                            |                               |  |  |                                     |                    |   |  |
| TITLE<br>NAME                             | SECY             | JAMEISHIA MRS                          | ☐ Delete                      | TITLE<br>NAME  |  |                                     | ☐ Change           | Addition  |  |
| STREET ADDRESS                            |                  | ISTH STREET                            | •                             | STREET ADDRESS   |  |                                     |                    |   |  |
| CITY-ST-ZIP                               |                  | LL FL 33313                            |                               | CITY-ST-ZIP  |  |                                     |                    |   |  |
| TITLE                                     | TRES             |  | Delete                        | TITLE  | <del>.</del> .                                     |                                     | ☐ Change           | Addition  |  |
| NAME .                                    | SMITH, DA        | WN                                     | LLI Delete                    | NAME   |  |                                     | □ cuange           | □ Munition  |  |
| STREET ADDRESS                            | 5512 NW 2        |  |                               | STREET ADDRESS   |  |                                     |                    | . 1   |  |
| CITY-ST-ZIP                               |                  | LL FL 33313                            |                               | CITY-ST-ZIP  |  |                                     |                    | }   |  |
| TITLE                                     | SECY             |  | ☐ Delete                      | TITLE  |  |                                     | ☐ Change           | Addition  |  |
| NAME                                      |                  | LLIE-FRANCES MRS                       |                               | NAME   |  |                                     | الماري الم         |   |  |
| STREET ADDRESS                            | 1520 NW 5        |  |                               | STREET ADDRESS   |  |                                     |                    |   |  |
| CITY-ST-ZIP                               |                  | LL FL 33313                            |                               | CITY-ST-ZIP  |  |                                     |                    |   |  |
| TITLE                                     | SECY             |  | ☐ Delete                      | TITLE  | 1.00   |                                     | ☐ Change           | Addition  |  |
| NAME                                      | GARDNER,         | PAMELA C MRS                           |                               | NAME   |  |                                     |                    |   |  |
| STREET ADDRESS                            | 5601 NW 1        | 16 Street                              |                               | STREET ADDRESS   |  |                                     |                    |   |  |

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.

CITY-ST-ZIP

**SIGNATURE:** 

LAUDERHILL FL 33313

CITY-ST-ZIP

561.226.9379

**FILED** 

Jul 21, 2003 8:00 am Secretary of State

07-21-2003 90122 006 \*\*\*\*61.25