2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State
05-18-2001 91597 048 ****61.25

0036046

DOCUMENT # N05680

1. Entity Name

OUR PLACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6090 NW 3RD ST. MARGATE FL 33063-5189 US	6090 NW 3RD ST. MARGATE FL 33063-5189 US

552452

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6031 NW 3rd St.	6031 NW 3rd St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Margate Florida	City & State: Margate Florida
Zip: 33063 Country: USA	Zip: 33063 Country: USA

4. FEI Number: 59-2686594 ☐ 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
KATZMAN, LEIGH C ESQ. KATZMAN & KORR, P.A. 1100 S. STATE ROAD 7, SUITE 102 MARGATE FL 33068	Name: Timothy M. Horsting Street Address (P.O. Box Number is Not Acceptable): 1515 University Dr., Suite 202 City: Coral Springs FL Zip Code: 33071

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: Timothy M. Horsting, ESQ. New Registered Agent 4/24/01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MEGNA, SIENNA 6031 NW 3RD ST MARGATE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WEAVER, ROBERT J 6032 NW 3RD ST MARGATE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Lupe Mieszkowski 6024 nw 3rd St. margate, FL 33063 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TEDRICK, MARK 6083 NW 3RD ST MARGATE FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S STEIGERWALD, JENNIFER 6068 NW 3RD ST MARGATE FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FORMAN, BERYL E 1308 SW 74TH AVE N. LAUDERDALE FL 33068	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Brian McManus 6083 NW 3rd Street Margate, FL 33063 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Bernadette Cadette 6048 NW 3rd Street Margate FL 33063 ☐ Change ☒ Addition

CR2E037 (10/00)

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #