

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N25165** (4)

1. Corporation Name

**THE PROPERTY OWNERS ASSOCIATION OF LAUDERDALE-BY-  
THE-SEA, INC.**



Principal Place of Business

Mailing Address

C/O SALLY S. SIEGEL  
258 CAPRI AVE  
LAUDERDALE-BY-THE-SEA FL 33308-5003

C/O SALLY S. SIEGEL  
258 CAPRI AVE  
LAUDERDALE-BY-THE-SEA FL 33308-5003

3. Date Incorporated or Qualified  
**03/03/1988**

3a. Date of Last Report  
**01/26/1995**

2. Principal Place of Business

2a. Mailing Address

21 **Dolores San Miguel**

26 **Dolores San Miguel**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **255 Commercial Blvd. #205**

27 **255 Commercial Blvd. #205**

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

City & State

City & State

23 **Lauderdale By The Sea, Fl**

28 **Lauderdale By The Sea, Fl**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

24 **33308-4419**

25 **USA**

29 **33308-4419**

30 **USA**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ECKHARDT, SUNNY  
4453 E. TRADEWINDS AVE  
LAUDERDALE BY THE SEA FL 33308**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **EKHARDT, SUNNY**  
STREET ADDRESS **4453 E TRADEWINDS**  
CITY-ST-ZIP **LAUDERDALE-BY-SEA FL**

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **VPD** ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **MIELE, LOUIS DR.**  
STREET ADDRESS **4751 BAYVIEW DR.**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **REICHENSTEIN, MARGARET**  
STREET ADDRESS **254 ALGIERS AVENUE**  
CITY-ST-ZIP **LAUDERDALE-BY-SEA FL**

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **SAN MIGUEL, DELORES**  
STREET ADDRESS **4442 SEA GRAPE DR.**  
CITY-ST-ZIP **LAUDERDALE BY THE SEA FL**

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

**200001738812**  
**-03/11/96--01056--020**  
**\*\*\*61.25**

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dolores San Miguel* **Dolores San Miguel, Treas.** 3/4/96 954-491-7940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)