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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N25165

1. Corporation Name

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

Principal Place of Business

C/O DOLORES SAN MIGUEL
255 COMMERCIAL BLVD #205
LAUDERDALE-BY-THE-SEA FL 33308-4419

Mailing Address

255 COMMERCIAL BLVD. #200
LAUDERDALE-BY-THE-SEA FL 33308-4419
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

03/03/1988

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE PD
NAME EKHARDT, SUNNY
STREET ADDRESS 4453 E TRADEWINDS
CITY-ST-ZIP LAUDERDALE-BY-SEA FL ☐ DELETE

TITLE VPD
NAME MIELE, LOUIS DR.
STREET ADDRESS 4751 BAYVIEW DR.
CITY-ST-ZIP FT. LAUDERDALE FL ☐ DELETE

TITLE SD
NAME REICHENSTEIN, MARGARET
STREET ADDRESS 254 ALGIERS AVENUE
CITY-ST-ZIP LAUDERDALE-BY-SEA FL ☐ DELETE

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *Dolores San Miguel* **SIGNATURE REQUIRED** Dolores San Miguel

2/4/99 954-491-7940

Date

Daytime Phone #

CR2E037 (1/98)