

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90073 003 ****61.25

DOCUMENT # N25165

1. Entity Name

THE PROPERTY OWNERS ASSOCIATION OF LAUDERDALE-BY

Principal Place of Business

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

Mailing Address

4442 SEA GRATE DR.
LAUDERDALE-BY-THE-SEA FL 33308-4419
US

2. Principal Place of Business

SUNNY ECKHARDT

Suite, Apt. #, etc.

3. Mailing Address

4453 E. TRADEWINDS AVE.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LAUDERDALE BY THE SEA, FL

City & State

33308

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

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

TITLE **PD** ☐ Delete
NAME **ECKHARDT, SUNNY**
STREET ADDRESS **4453 E TRADEWINDS**
CITY-ST-ZIP **LAUDERDALE-BY-SEA FL**TITLE **VPD** ☐ Delete
NAME **MIELE, LOUIS DR.**
STREET ADDRESS **4751 BAYVIEW DR.**
CITY-ST-ZIP **FT. LAUDERDALE FL**TITLE **SD** ☐ Delete
NAME **REICHENSTEIN, MARGARET**
STREET ADDRESS **254 ALGIERS AVENUE**
CITY-ST-ZIP **LAUDERDALE-BY-SEA FL**TITLE **TD** ☐ Delete
NAME **SAN MIGUEL, DOLORES**
STREET ADDRESS **4442 SEA GRAPE DR.**
CITY-ST-ZIP **LAUDERDALE BY THE SEA FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
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CITY-ST-ZIPTITLE ☐ 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 (10/00)