
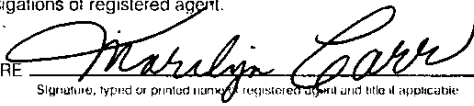


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90083 043 \*\*\*\*61.25

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| <b>DOCUMENT # N25165</b>  |  |   |   |   |  |
| 1. Entity Name<br><b>THE PROPERTY OWNERS ASSOCIATION OF LAUDERDALE-BY-THE-SEA, INC.</b>   |  |   |   |  |  |
| Principal Place of Business<br><b>CYNTHIA V. GEESEY<br/>256 IMPERIAL LANE<br/>LAUDERDALE-BY-THE-SEA FL 33308<br/>US</b>   |  |   | Mailing Address<br><b>CYNTHIA V. GEESEY<br/>256 IMPERIAL LANE<br/>LAUDERDALE-BY-THE-SEA FL 33308<br/>US</b> |  |  |
| 2. Principal Place of Business  |  |   | 3. Mailing Address  |  |  |
| Suite, Apt. #, etc.   |  |   | Suite, Apt. #, etc.   |  |  |
| City & State  |  |   | City & State  |  |  |
| Zip   | Country  | Zip   | Country   | 4. FEI Number<br><b>NO-T APPLICABLE</b>  |  |
|   |  |   |   | Applied For<br>Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |   |   | <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CARR, MARILYN<br/>254 MIRAMAR AVE<br/>FORT LAUDERDALE FL 33308</b>  |  |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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. I am familiar with, and accept the obligations of registered agent. |  |   |   |  |  |
| SIGNATURE  DATE <b>Feb 8, 2006</b>   |  |   |   |  |  |
| (NOTE: Registered Agent signature required when reissuing)  |  |   |   |  |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2006</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>Make Check Payable to<br/>Florida Department of State</b>  |  |   |   |  |  |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>GEESEY, CYNTHIA V MS.<br>256 IMPERIAL LANE<br>LAUDERDALE BY-THE-SEA FL 33308 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VPD<br>SEHL, JERRY<br>250 MIRAMAR AVE<br>FORT LAUDERDALE FL 33308                  | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VPD<br>CELESTINO BUSTER<br>1620 S. OCEAN BLVD. #7N<br>L.B.T.S. FL 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>STANTON, MAURINE<br>238 LOMBARDY AVE<br>LAUDERDALE BY THE SEA FL 33308       | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD Terrien Maurine S.<br>5100 N. Ocean Dr. #217<br>L.B.T.S. FL 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>CARR, MARILYN<br>254 MIRAMAR<br>LAUDERDALE BY THE SEA FL 33308               | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DIR.<br>CHIARILLO MARIE<br>1755 E Terra Mar Dr<br>L.B.T.S. FL 33062                | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DIR<br>BRAVERMAN LINDSAY<br>237 ALLENWOOD AVE<br>L.B.T.S. FL 33308                 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

 Marilyn Carr 2-8-06 954 938-9076